



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 97356		2. Name of Corporation Pui O, Inc.			
3. Street Address Principal Business Office 71 WINGATE RD			City PROVIDENCE	State RI	Zip 02906
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, MANAGE AND LEASE REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LOUIS YIP			Vice President Name STAMB		
Street Address 71 WINGATE RD			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name STAMB			Treasurer Name STAMB		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LOUIS YIP			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	COMMON	NO PAR
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 6-10-05
Check No. 2671
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 6/10/05
Print or Type Name of Officer LOUIS YIP
Title of Officer PRBS



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1. Corporate ID No. 97356		2. Name of Corporation Pui O, Inc.			
3. Street Address Principal Business Office 71 WINGATE RD			City PROVIDENCE	State RI	Zip 02906
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, MANAGE AND LEASE REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LOUIS YIP			Vice President Name SAME		
Street Address 71 WINGATE RD			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LOUIS YIP			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	Common	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 7 3 5 6 *

File Date _____ **FILED**
Check No. _____ **SEP 23 2004**
By: _____ **KMC**
FOR SECRETARY OF STATE USE ONLY **C45499**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer *[Signature]* Date 9/20/04
LOUIS YIP
Print or Type Name of Officer
PRB.
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **97356** 2. Name of Corporation **Pui O, Inc.**
3. Street Address Principal Business Office **71 WINGATE RD** City **PROVIDENCE** State **RI** Zip **02906**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name LOUIS Yip	Vice President Name SAMZ
Street Address 71 WINGATE RD	Street Address
City PROVIDENCE, RI State RI Zip 02906	City State Zip
Secretary Name SAMZ	Treasurer Name SAMZ
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name LOUIS Yip	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common NO PAR	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 7 3 5 6 *

File Date: **3-10-03**
Check No.: **2266**
By: **RMF**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: **LOUIS Yip** Date: **3/9/03**
Print or Type Name of Officer: **LOUIS YIP**
Title of Officer: **SECRET**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **97356** 2. Name of Corporation **Pui O, Inc.**
 3. Street Address Principal Business Office **321 South Main Street** City **Providence** State **RI** Zip **02903**
 4. Business Phone No. **723-3960** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island **To buy, sell, manage and lease real estate and conduct other business as permitted by RI law.**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Louis Yip Street Address 71 Wingate Road City Providence State RI Zip 02906	Vice President Name Same Street Address City _____ State _____ Zip _____
Secretary Name Same Street Address City _____ State _____ Zip _____	Treasurer Name Same Street Address City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

SEE ATTACHED LIST OF DIRECTORS

Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
100 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
 Number of Shares Class/Series Par Value
100 Common no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 7 3 5 6 *

File Date: 4.8.02
 Check No.: 2053
 By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 6/1/02
 Signature of Officer Date
Louis Yip

Print or Type Name of Officer
President

Title of Officer

**STOCKHOLDERS
PUI O, INC.**

Louis Yip	71 Wingate Road Providence, RI	Pres, V-Pres, Sec., Treasurer
William J. Lynch	90 Anawan Road Pawtucket, RI	
Tze Ping Ng	76 Middle Road East Greenwich, RI	
Eric Leung	3 Lori Ellen Drive Lincoln, RI	
Paul Zheng	17 Pinetop Road Barrington, RI	
Pon Sang Chan	1314 South King Street Suite 707 Hon. Hawaii 96814	
.....Ching-Chuen Wong.....27 Lisa Ann Circle . Greenville, RI 02828



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **97356** 2. Name of Corporation **Pui O, Inc.**
3. Street Address Principal Business Office **321 South Main Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **723-3960** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island **To buy, sell, manage and lease real estate and conduct other business as permitted by Rhode Island law.**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Louis Yip	Vice President Name Same
Street Address 71 Wingate Road	Street Address
City Providence State RI Zip 02906	City State Zip
Secretary Name Same	Treasurer Name Same
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
SEE ATTACHED LIST OF DIRECTORS

Street Address

City State Zip

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/1/2001

Check No.: 1812

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 1/27/01

Print or Type Name of Officer
President

Title of Officer

**STOCKHOLDERS
PUI O, INC.**

Louis Yip	71 Wingate Road Providence, RI	Pres, V-Pres, Sec., Treasurer
William J. Lynch	90 Anawan Road Pawtucket, RI	
Tze Ping Ng	76 Middle Road East Greenwich, RI	
Eric Leung	3 Lori Ellen Drive Lincoln, RI	
Paul Zheng	17 Pinetop Road Barrington, RI	
Pon Sang Chan	1314 South King Street Suite 707 Hon. Hawaii 96814	
Ching-Chuen Wong	27-Lisa-Ann-Circle Greenville, RI 02828	



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **97356** 2. Name of Corporation **Pui O, Inc.**

3. Street Address Principal Business Office City State Zip
321 South Main Street **Providence** **RI** **02903**

4. Business Phone No. 5. State of Incorporation
723-3960 **RHODE ISLAND**

7. Brief Description of the Character of Business Conducted in Rhode Island
To buy, sell, manage and lease real estate and conduct other business as permitted by Rhode Island law.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Louis Yip	Vice President Name Same
Street Address 71 Wingate Road	Street Address
City State Zip Providence RI 02906	City State Zip
Secretary Name Same	Treasurer Name Same
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name SEE ATTACHED LIST OF DIRECTORS	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

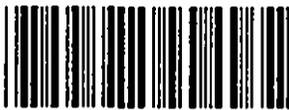
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
100 NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 7 3 5 6 *

File Date: 2-29-00
 Check No.: 1538
 By: LYP

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/10/2000
 Louis Yip
 Print or Type Name of Officer
President
 Title of Officer

**STOCKHOLDERS
PUI O, INC.**

Louis Yip	71 Wingate Road Providence, RI	Pres, V-Pres, Sec., Treasurer
William J. Lynch	90 Anawan Road Pawtucket, RI	
Tze Ping Ng	76 Middle Road East Greenwich, RI	
Eric Leung	3 Lori Ellen Drive Lincoln, RI	
Paul Zheng	17 Pinetop Road Barrington, RI	
Pon Sang Chan	1314 South King Street Suite 707 Hon. Hawaii 96814	
Ching-Chuen Wong	27 Lisa Ann Circle Greenville, RI 02828	

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 97356		2. Name of Corporation Pul O, Inc.	
3. Street Address Principal Business Office 321 South Main Street		City Providence	State RI
4. Business Phone No. 723-3960		5. State of Incorporation RHODE ISLAND	
6. SIC Code 02903			
7. Brief Description of the Character of Business Conducted in Rhode Island To buy, sell, manage and lease real estate and to conduct other business as permitted by Rhode Island law.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Louis Yip		Vice President Name same	
Street Address 71 Wingate Road		Street Address	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name same		Treasurer Name same	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name SEE ATTACHED LIST OF DIRECTORS		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
100 NO PAR VALUE		100	Common
	Par Value		Par Value
			No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



★ 9 7 3 5 6 ★

File Date: Feb 16, 99
1288

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/16/99

Print or Type Name of Officer

President

Title of Officer

**STOCKHOLDERS
PUI O, INC.**

Louis Yip	71 Wingate Road Providence, RI	Pres, V-Pres, Sec., Treasurer
William J. Lynch	90 Anawan Road Pawtucket, RI	
Tze Ping Ng	76 Middle Road East Greenwich, RI	
Eric Leung	3 Lori Ellen Drive Lincoln, RI	
Paul Zheng	17 Pinetop Road Barrington, RI	
Pon Sang Chan	1314 South King Street Suite 707 Hon. Hawaii 96814	
Ching-Chuen-Wong	27-Lisa-Ann-Circle Greenville, RI 02828	

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 97356		2. Name of Corporation Pul O, Inc.	
3. Street Address Principal Business Office 321 South Main Street,		City Providence	State RI
		Zip 02903	
4. Business Phone No. 723-3960	5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island To buy, sell, manage and lease real estate and to conduct other business as permitted by Rhode Island law.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name Louis Yip		Vice President Name Same	
Street Address 71 Wingate Road		Street Address Same	
City Providence	State RI	Zip 02906	City Same
Secretary Name Louis Yip		Treasurer Name Same	
Street Address Same as above.		Street Address Same as above.	
City Providence	State RI	Zip 02906	City Same
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name SEE ATTACHED LIST OF DIRECTORS			
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
100 NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
100	Common	No Par	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2.10.98
 Check No.: 1028
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
 Signature of Officer: [Signature] Date: 2/30/98
 Louis Yip
 Print or Type Name of Officer
 President
 Title of Officer

PUI O, INC.

Louis Yip	71 Wingate Road Providence, RI	Pres, V-Pres, Sec., Treasurer
William J. Lynch	90 Anawan Road Pawtucket, RI	
Tze Ping Ng	76 Middle Road East Greenwich, RI	
Eric Leung	3 Lori Ellen Drive Lincoln, RI	
Paul Zheng	17 Pinetop Road Barrington, RI	
Pon Sang Chan	1314 South King Street Suite 707 Hon. Hawaii 96814	
^E Ching-Chu ^{EN} Wong	27 Lisa Ann Circle Greenville, RI 02828	