RI SOS Filing Number: 202193318670 Date: 2/26/2021 4:00:00 PM

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## rtment of State - Business Services Division

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Annual	Report	for the	уеаг:	202
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Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 2 6 2021
601

1. Entity ID Number	2 Exact nam	2. Exact name of the Corporation					
127826		F&S ENTERPRISES, INC.					
3. Principal Office Address			City	City		Zip	
110 BAILEY BLVD.	•		EAST GREE	ENWICH	RI	02818	
4. NAICS Code			cter of business o	conducted in Rhode	Island	•	
531390	REAL ESTA	REAL ESTATE					
5. State of Incorporation	_						
RHODE ISLAND							
7. List ALL officers (names and	addresses)			Chec	k the box to i	ndicate an attachment	
President Name WO PING CH/			Vice-President Name KWOK N. CHAN				
Street Address 110 BAILEY BLV	/D.		Street Address	S 110 BAILEY BLV	D.		
City EAST GREENWICH	State RI	<sup>Zip</sup> 02818	City EAST G	REENWICH	State RI	<sup>Zip</sup> 02818	
Secretary Name WO PING CHA	Secretary Name WO PING CHAN			ne		1	
Street Address 110 BAILEY BLVD.		Street Address					
City EAST GREENWICH	State RI	<sup>Zip</sup> 02818	City		State	Zip	
8. List ALL directors (names an	d addresses)			Cher	ck the box to i	ndicate an attachment	
Director Name WO PING CHA	N .		Director Name			·	
Street Address 110 BAILEY BLV		. <del>.</del>	Street Address	S			
City EAST GREENWICH	State RI	Zip 02818	City		State	Zip	
Director Name			Director Name	:	<u>-</u>		
Street Address			Street Address	S			
City	State	Zip	City		State	Zip	
9. Shares Authorized	<del></del>	10. Shares Is	sued	Chec	ck the box to i	ndicate an attachment	
This information is currently of r Department of State.	ecord in the		F SHARES	CLASS/SEF	RIES	PAR VALUE	
Changes require an additional fil	lina	1000		COMMON		NO PAR	
ionangos rodane an aconcentar in	my.						
11. This report must be execute	ed on behalf of the	corporation by an	authorized repres	sentative. If the cor	poration is in	the hands of a receiver or	
trustee, this report must be exe	cuted on behalf of	the corporation by	the receiver or tr	rustee.	· · <b>?</b> - · · ·	_k_d.d	
Under penalty of perjury, I de statements, and that all state				ncluding any acc	ompanying s	cnequies and	
Name of Authorized Represent					Date		
WO PING CHAN., PRESIDENT							
Signature of Authorized Repres	sentative				<u> </u>		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov