



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2021**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

MAR 05 2021

27545

1. Entity ID Number 63019		2. Exact name of the Corporation L.B. ORIENTAL FOOD PRODUCT CO. INC.			
3. Principal Office Address 20 Carter Avenue		City Pawtucket	State RI	Zip 02861	
4. NAICS Code 311911	6. Brief description of the character of business conducted in Rhode Island Preparation and packaging of food products for wholesale.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lily Khamsyvoravong		Vice-President Name Xaysana Khamsyvoravong			
Street Address 20 Carter Avenue		Street Address 20 Carter Avenue			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Khemkham Khamsyvoravong		Treasurer Name Bounheuang Khamsyvoravong			
Street Address 20 Carter Avenue		Street Address 20 Carter Avenue			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lily Khamsyvoravong		Director Name Bounheuang Khamsyvoravong			
Street Address 20 Carter Avenue		Street Address 20 Carter Avenue			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200	Common	No par value	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Xaysana Khamsyvoravong				Date 3/1/21	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017