



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

FILED

Annual Report for the year: 2021
Corporation

MAR 25 2021

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY AL 1090

1. Entity ID Number 1657879		2. Exact name of the Corporation SKY REALTY, INC.										
3. Principal Office Address 10 LOCUST GLEN COURT		City CRANSTON	State RI									
		Zip 02921										
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island INVESTMENTS IN REAL ESTATE FOR PROFIT											
5. State of Incorporation RHODE ISLAND												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name LIEV C. HENG		Vice-President Name KHENG L. HENG										
Street Address 10 LOCUST GLEN COURT		Street Address SAME										
City CRANSTON	State RI	Zip 02921										
Secretary Name KHENG L. HENG		Treasurer Name LIEV C. HENG										
Street Address SAME		Street Address SAME										
City	State	Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name NONE		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	COMMON	NO PAR			
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200	COMMON	NO PAR										
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 LIEV C. HENG, PRESIDENT		Date 03-22-2021										
Signature of Authorized Representative <i>Liev C. Heng</i>		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: 10/2016