



State of Rhode Island  
**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**

**APR 15 2021**

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|  |             |  |   |                    |              |
|--|-------------|--|---|--------------------|--------------|
| 1. Entity ID Number<br>001658844   |             | 2. Exact name of the Corporation<br>Pho On, Inc,   |   |                    |              |
| 3. Principal Office Address<br>50 Ann Mary Street  |             |  | City<br>Pawtucket   | State<br>RI        | Zip<br>02860 |
| 4. NAICS Code<br>722511  |             | 6. Brief description of the character of business conducted in Rhode Island<br>Full Service Restaurant |   |                    |              |
| 5. State of Incorporation<br>RI  |             |  |   |                    |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |  |   |                    |              |
| President Name<br>Tevan Tran   |             |  | Vice-President Name<br>Tevan Tran   |                    |              |
| Street Address<br>50 Ann Mary Street   |             |  | Street Address<br>50 Ann Mary Street  |                    |              |
| City<br>Pawtucket  | State<br>RI | Zip<br>02860   | City<br>Pawtucket   | State<br>RI        | Zip<br>02860 |
| Secretary Name<br>Tevan Tran   |             |  | Treasurer Name<br>Tevan Tran  |                    |              |
| Street Address<br>50 Ann Mary Street   |             |  | Street Address<br>50 Ann Mary Street  |                    |              |
| City<br>Pawtucket  | State<br>RI | Zip<br>02860   | City<br>Pawtucket   | State<br>RI        | Zip<br>02860 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |  |   |                    |              |
| Director Name<br>None  |             |  | 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          |
| 9. Shares Authorized   |             |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |              |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |             |  | NUMBER OF SHARES  | CLASS/SERIES       | PAR VA. UF   |
|  |             |  | 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.<br><b>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.</b> |             |  |   |                    |              |
| Name of Authorized Representative<br>Tevan Tran  |             |  |   | Date<br>04/08/2021 |              |
| Signature of Authorized Representative<br>   |             |  |   |                    |              |