



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 25 2022

Annual Report for the year: 2022

Corporation

BY

→ Filing period: February 1 - May 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000035260		2. Exact name of the Corporation Premier Value Merchandising Inc.			
3. Principal Office Address 11 Knight St. #D-13			City Warwick	State RI	Zip 02886
4. NAICS Code 425120		6. Brief description of the character of business conducted in Rhode Island Import/ Export wholesale of general merchandise			
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 Lambert S. Y. Cheng			Vice-President Name Nui Oi Cheng		
Street Address 71 Glen Ridge Rd.			Street Address 71 Glen Ridge Rd.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Nui Oi Cheng			Treasurer Name Nancy K. Cheng		
Street Address 71 Glen Ridge Rd.			Street Address 71 Glen Ridge Rd.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List All directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Lambert S. Y. Cheng			Director Name Nui Oi Cheng		
Street Address 71 Glen Ridge Rd.			Street Address 71 Glen Ridge Rd.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
1000			NUMBER OF SHARES		
Changes require an additional filing.			CLASS/SERIES		
			PAR VALUE		
			100		
			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 LAMBERT S. Y. CHENG					Date 2/27/22
Signature of Authorized Representative 					

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