

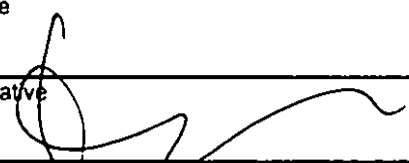
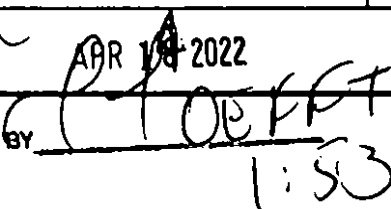


State of Rhode Island  
**Department of State - Business Services Division**

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**Annual Report for the year:** 2022  
**Corporation**

- 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<br><b>97356</b>   |                 | 2. Exact name of the Corporation<br><b>Pui O ,Inc</b>   |   |   |                     |
| 3. Principal Office Address<br><b>521 Roosevelt Ave</b>   |                 |   | City<br><b>Central falls</b>  | State<br><b>RI</b>  | Zip<br><b>02863</b> |
| 4. NAICS Code<br><b>53</b>  |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>To engage in the business of real estate investment</b> |   |   |                     |
| 5. State of Incorporation<br><b>Rhode Island</b>  |                 |   |   |   |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |   |   |   |                     |
| President Name <b>Louis Yip</b>   |                 |   | Vice-President Name <b>Tze Ping Ng</b>  |   |                     |
| Street Address <b>71 Wingate Rd</b>   |                 |   | Street Address <b>76 Middle Rd</b>  |   |                     |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02906</b>  | City <b>East Greenwich</b>  | State <b>RI</b>   | Zip <b>02818</b>    |
| Secretary Name <b>Louis Yip</b>   |                 |   | Treasurer Name <b>Eric leung</b>  |   |                     |
| Street Address <b>71 Wingate Rd</b>   |                 |   | Street Address <b>3 Lori Ann Dr</b>   |   |                     |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02906</b>  | City <b>Lincoln</b>   | State <b>RI</b>   | Zip <b>02865</b>    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |   |   |                     |
| Director Name   |                 | 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 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. |                 |   |   |   |                     |
| <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><b>Louis Yip</b>   |                 |   |   | Date<br><b>3/15/22</b>  |                     |
| Signature of Authorized Representative<br>   |                 |   |   | FILED<br>APR 14 2022<br>BY <br>1:53 |                     |

MAIL TO:  
 Division of Business Services  
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