



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

JUN 23 2022

Corporation

17444 a

- 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 1042043		2. Exact name of the Corporation CHANNTHA THIM INC.			
3. Principal Office Address 787 Hope Street			City Providence		State RI
			Zip 02906		
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island OPERATION OF A RESTAURANT			
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 Sochea N. Pol			Vice-President Name Sotheara N. Pol		
Street Address 787 Hope Street			Street Address 787 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Sochea N. Pol			Treasurer Name Sochea N. Pol		
Street Address 787 Hope Street			Street Address 787 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sochea N. Pol			Director Name Sotheara N. Pol		
Street Address 787 Hope Street			Street Address 787 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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/SFRIES
			100		COMMON
			PAR VALUE		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 SOCHEA N. POL				Date 5/17/2022	
Signature of Authorized Representative 					

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov