



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

JAN 25 2023

BY 4923

BS

1. Entity ID Number 00158472		2. Exact name of the Corporation New Kam Shing Inc.												
3. Principal Office Address 24 Gooding Ave		City Bristol		State RI	Zip 02809									
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Food Service 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 Yin Chan Cheng			Vice-President Name											
Street Address 24 Gooding Ave			Street Address											
City Bristol	State RI	Zip 02809	City	State	Zip									
Secretary Name Yin Chan Cheng			Treasurer Name Yin Chan Cheng											
Street Address 24 Gooding Ave			Street Address 24 Gooding Ave											
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Yin Chan Cheng			Director Name											
Street Address 24 Gooding Ave			Street Address											
City Bristol	State RI	Zip 02809	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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 <input type="checkbox"/>												
		<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>CNP</td><td>No Par</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	CNP	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
200	CNP	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 Yin Chan Cheng, President				Date 02/01/2023										
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: 11/2021