



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

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FOR

2023 MAR 31 12:03

1. Entity ID Number 00891126		2. Exact name of the Corporation NGUYENLE, INC			
3. Principal Office Address 2723-2731 Pawtucket Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island to own real estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Vinh Nguyen			Vice-President Name Kimhong T. Le		
Street Address 51 Barstow Street			Street Address 15 Steber Way		
City Providence	State RI	Zip 02909	City Rehoboth	State MA	Zip 02769
Secretary Name Vinh Nguyen			Treasurer Name Kimhong T. Le		
Street Address 51 Barstow Street			Street Address 15 Steber Way		
City Providence	State RI	Zip 02909	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Vinh Nguyen			Director Name Kimhong T. Le		
Street Address 51 Barstow Street			Street Address 15 Steber Way		
City Providence	State RI	Zip 02909	City Rehoboth	State MA	Zip 02769
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/STRIKES		
			PAR VALUE		
			Common		
			No Par Value		
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 Vinh Nguyen				Date 02-10-23	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 31 2023

BY ML 277

FORM 630 - Revised: 10/2017