RI SOS Filing Number: 202336556840 Date: 6/2/2023 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year	JUN 0 2 2023					
Corporation						
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00				E	ע י יי זי	TOM /
→ Penalty: Additional \$25.00 f	fee if form is not fil	ed by April 1.			Δ	X 100 2
Entity ID Number	2. Exact name of the Corporation					
00545889	SURA 153,	Inc.				5'
Principal Office Address	City		State	Zip		
467 Tilleny Street 640 County Rd			Attlebere-	Barrington	MA RI	02703 02860
4. NAICS Code				onducted in Rhode Is	land	
7225111	Asian Restaura	ant				I
5. State of Incorporation	1					
RI						
7. List ALL officers (names and ad	dresses)		<u>_</u>	Check t	he box to indica	ate an attachment
President Name Gene J. Choi			Vice-President Name Gene J. Choi			
Street Address						
-46/-Hillany-Street	ય	Street Address 457 Tiffany Street				
City Attlebora Barrington	State RI	^{Zip} 02713 02806	City Attlebor	Barrington	State MA R	I Zip-02713 02860
Secretary Name Gene J. Choi			Treasurer Name Gene J. Choi			
Street Address 457 Tilleny Street 640 County Rd			Street Address 457 Tillary Street 640 County Rd			
City Attleboro Barrington	State HIA RI	Zip 02713 02860	City Attleber	····Barrington	State -MA- R	I Zip 02713-02860
8. List ALL directors (names and a				Checkit		ate an attachment
Director Name Gene J. Choi			D-rector Name			
Street Address 457 Tiffarry Street 640 County Rd			Street Address			
City Allesoro Barrington	State RI	Zip 92749 07940	City	, , _	State	Ζιρ
Director Name	ctor Name		Director Name			
Street Address	Street Address					
City	State	Žip	City	· 	State	Zip
	<u> </u>				<u> </u>	
		10. Shares Issue				
Department of State. Changes require an additional filing.		10.		CWP	\$0.1000	
11. This report must be executed of	on behalf of the cor	poration by an aut	horized repres	sentative. If the corpor	ation is in the h	ands of a receiver or
trustee, this report must be execut	ed on behalf of the	corporation by the	e receiver or tr	ustee		
Under penalty of perjury, I decla statements, and that all stateme	re and aπirm that ents contained her	i nave examined ein are true and	' this report, ii correct.	ncluding any accom	panying sched	fules and
Name of Authorized Representativ			Date	,		
Gene J. Choi					5/19	12023
Signature of Authorized Represent	lative	Az	\mathcal{L}	<u>-</u>		
MAIL TO:						
MAIL IV:						

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov