RI SOS Filing Number: 202338942470 Date: 6/30/2023 4:00:00 PM

State of Rhode Island Department of Sta	ite - Business	s Servi <u>c</u> es Di	vision			_
Annual Report for the ye		_		STAMP		
Corporation	RECEIVED DI DEDT DE STATE :					
→ Filing period: February 1 -	R.I. DEPT. OF STATE AND BUS SYCS DIV					
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 f						
	2023 JUN 30 A 10: 02					
1. Entity ID Number 1 7 3 6 7 3 7	2. Exact name of SiSHC			Restai	irar	of INC.
3. Principal Office Address			City	aci CK	State	0 2836
3301 Post (RI	0 2000
4. NAICS Code 7 2 251)	6. Brief descriptio			nducted in Rhode Isla		
5. State of Incorporation		chihe	St 1	zestavi	an	†
7. List ALL officers (names and ad-	Check the box to indicate an attachment					
President Name Vell K Sau Li			Vice-President Name			
Street Address 45 Grant St			Street Address			
city Dartmottle	State A	Zip 02747	City		State	Zip
Secretary Name	Treasurer Name					
Street Address			Street Address			
City	State	Zip	City		State	Zıp
8. List ALL directors (names and a	ddresses)_	· · · · · · · · · · · · · · · · · · ·	12	Check th	ne box to in	dicate an attachment
Director Name	Director Name					
Street Address			Street Address			
City	State	Zip	City		State	Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zıp	City	·	State	Zıp
9. Shares Authorized		10. Shares Issue		Check th	e box to in	dicate an attachment
This information is currently of record in the Department of State.		NUMBER OF SE	ARES T	CLASS/SERIES		PAR VALUE
Changes require an additional filing.		400	<u>) </u>			
11. This report must be executed of	n behalf of the con	poration by an aut	horized represe	ntative. If the comors	tion is in th	ne hands of a receiver or
trustee, this report must be execut-	ed on behalf of the	corporation by the	e receiver or trus	stee.		<u>.</u>
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					Date. 6-	-30-23
Signature of Authorized Represent	ative ,	 -			I	
	hù					
MAIL TO:						
Division of Business Services 148 W. River Street Providence Phode	leland 02004 2645		: 91 4	N G a soca	.~ (

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

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