



**State of Rhode Island  
Department of State - Business Services Division**

RI DEPT OF STATE  
BUS SVCS DIV

Annual Report for the year: **2022**

**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 AUG 31 P 1:03  
RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <b>000105147</b>		2. Exact name of the Corporation <b>Trinh Enterprises INC</b>		2023 JUN 29 A 11:16	
3. Principal Office Address <b>1002 Chalkstone Ave</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>445120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Ownership and Operation of a convenience/variety store</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Hoa T Trinh</b>			Vice-President Name <b>Hoa T Trinh</b>		
Street Address <b>17 Tiffany St</b>			Street Address <b>17 Tiffany St</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>Hoa T Trinh</b>			Treasurer Name <b>Hoa T Trinh</b>		
Street Address <b>17 Tiffany St</b>			Street Address <b>17 Tiffany St</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Hoa T Trinh</b>			Director Name		
Street Address <b>17 Tiffany St</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02895</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>300</b>		<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Hoa T Trinh</b>				Date <b>06/16/2023</b>	
Signature of Authorized Representative 				<b>FILED</b>  <b>AUG 31 2023</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**BYLKS 97715 h206pm**