



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

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 1:02

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RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 JUN 29 A 11:16

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