



State of Rhode Island
Department of State - Business Services Division

2023 AUG 31 P 1:02

STAMP

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.

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
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3. Principal Office Address 1002 Chalkstone Ave	City Providence	State RI	Zip 02908
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4. NAICS Code 445120	6. Brief description of the character of business conducted in Rhode Island Ownership and Operation of a convenience/variety store
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5. State of Incorporation Rhode Island

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Hoa T Trinh	Vice-President Name Hoa T Trinh
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Street Address 17 Tiffany St	Street Address 17 Tiffany St
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City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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Secretary Name Hoa T Trinh	Treasurer Name Hoa T Trinh
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Street Address 17 Tiffany St	Street Address 17 Tiffany St
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City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name Hoa T Trinh	Director Name
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Street Address 17 Tiffany St	Street Address
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City Providence	State RI	Zip 02895	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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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/SLRILS	PAR VALUE
	300		No Par

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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
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Signature of Authorized Representative	FILED
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[Handwritten Signature]

AUG 31 2023

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

BY LKS 97715 1:04pm