



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**
Corporation

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

FILED

FEB 05 2024

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1. Entity ID Number 001679525		2. Exact name of the Corporation New Sky Market, Inc.	
3. Principal Office Address 744 Cranston Street		City Providence	State RI
Zip 02907			
4. NAICS Code 445110	6. Brief description of the character of business conducted in Rhode Island GROCERY STORE		
5. State of Incorporation Rhode Island		1	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Samerdy Praing		Vice-President Name Samerdy Praing	
Street Address 111 Elsie Street		Street Address 111 Elsie Street	
City Cranston	State RI	Zip 02910	City Cranston
State RI	Zip 02910	City Cranston	State RI
Zip 02910	City Cranston		
Secretary Name Samerdy Praing		Treasurer Name Samerdy Praing	
Street Address 111 Elsie Street		Street Address 111 Elsie Street	
City Cranston	State RI	Zip 02910	City Cranston
State RI	Zip 02910	City Cranston	State RI
Zip 02910	City Cranston		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City		
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City		
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
NUMBER OF SHARES		CLASS/SERIES	
100		Common	
		No Par	
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 Samerdy Praing			Date 01/02/2024
Signature of Authorized Representative			

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