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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.

1. Entity ID Number 31375		2. Exact name of the Corporation Kingfield International Ltd			
3. Principal Office Address 60 Evergreen Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 424430		6. Brief description of the character of business conducted in Rhode Island Groceries, Cans goods Merchant whole sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond Lee			Vice-President Name Rathana Uy		
Street Address 1 Rhodes Way			Street Address 1 Rhodes Way		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name			Treasurer Name Lai Ching Lee		
Street Address			Street Address 1 Rhodes Way		
City	State	Zip	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raymond Lee			Director Name		
Street Address 1 Rhodes Way			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name Rathana Uy			Director Name		
Street Address 1 Rhodes Way			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			4000		
			Common		
			No Par Value		
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			Date 2/16/2024		
Signature of Authorized Representative 			FEB 16 2024 BY DMRSH		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040