



State of Rhode Island

Department of State - Business Services Division

REC'D RIDOS BSD
24 FEB 16 PM 2:16:08

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 			BY DMRSH		

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

FEB 16 2024
 BY **DMRSH**