State of Rhode Island
Department of State - Business Services Division

FILED STAMP
MAR 07 2024
BY 1826

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	2. Exact name of the Corporation			
~~2024~~ 545889	SURA 153, Inc.			
3. Principal Office Address		City	State	Zip
640 County Road		Barrington	RI	02806
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
7225111	Asian Restaurant			
5. State of Incorporation				
Rhode Island				

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

President Name: Gene J. Choi			Vice-President Name: Gene J. Choi		
Street Address: 640 County Road			Street Address: 640 County Road		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806
Secretary Name: Gene J. Choi			Treasurer Name: Gene J. Choi		
Street Address: 640 County Road			Street Address: 640 County Road		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Gene J. Choi			Director Name		
Street Address: 640 County Road			Street Address		
City: Barrington	State: RI	Zip: 02806	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10.	CWP	$0.1000

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: Gene J. Choi

Date:

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

FORM 630- Revised: 12/2023