RI SOS Filing Number: 202449079540 Date: 3/13/2024 4:00:00 PM

Chata of Dhada Island							
State of Rhode Island Department of Sta	vision	rision FILED					
Annual Report for the year: 2024						MAR 1 3 2071	
Corporation ————————————————————————————————————						1527	
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00						BY	
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.							
1. Entity ID Number	2. Exact name of the Corporation						
140017	NAWEE LIQUORS, INC.						
3. Principal Office Address			City State Zip			1 '	
346 ARMISTICE BLVD			PAWTUC		RI	02861	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
445310	RETAIL LIQUOR STORE						
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name							
President Name NAWEE K. HENG			Vice-President Name NAWEE K. HENG				
Street Address 194 BURNSIDE AVE			Street Address SAME				
City SEEKONK	State MA	^{Zip} 02771	City		State	Zip	
Secretary Name NAWEE K. HENG			Treasurer Name NAWEE K. HENG				
Street Address SAME			Street Address SAME				
City	State	Zip	City		State	Zip +	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
NAWEE K. HENG			Director Name				
Street Address SAME			Street Address				
City	State	Zip	City		State	Zip	
Director Name	Dire			Director Name			
Street Address			Street Address .				
City	State	Ζφ	City	ly		Zip	
9. Shares Authorized		10. Shares Issue		Check th	e box to i	ndicate an attachment	
This information is currently of record in the Department of State.		MANBER OF SHARES		CLASS/SERIES		PAR VALUE	
Changes require an additional filling.		100		COMMON		NO PAR	
and sedena as an annother traing.		i					
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 an authorized representative.							
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.							
NAWEE K. HENG, PRESIDENT			Date 03 - 10 - 94				
Signature of Authorized Representative							
Maurthy							
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MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov