RI SOS Filing Number: 202449323670 Date: 3/20/2024 4:00:00 PM

Annual Report for the year:  Corporation  → Filing period: February 1 - May 1  → Filing Fee: \$50.00				MAR 20 2024 BY 131998						
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							BY 1	<u> </u>		
→ Penalty: Additional \$25.00 to	lee if form is not fi	led by Ma	v 31							
7 T Gridity: Additional 920.00 t		ica by mic	,, o							
Entity ID Number	2. Exact nam	e of the (	Corporation				<u> </u>			
000794803	HARIM	USA,	LTD							
3. Principal Office Address				City			State	Zip		
29984 PINNACLE	29984 PINNACLE WAY				MILLSBORO DE 19966					
4. NAICS Code	6. Bnef descr	nption of t	the character of bus	siness conducted in Rhode Island						
311610								•		
5. State of Incorporation										
DE	POULTR	Y								
7. List ALL officers (names a					Ch	eck the bo	x to indica	ate an attachment	П	
President Name				Vice-President Name						
HAKRIM LEE					ROBERT BAUGHER					
Street Address				Street Address						
29984 PINNACLE WAY				29984 PINNACLE WAY						
City		State Zip		*······		State				
MILLSBORO	DE	1 ·	966	MILLS	BORO	DE		19966		
Secretary Name	1 22 1 1 2 2 3 3 3			Treasurer Name						
SE-GI CHEON				TAEKYUN LEE						
Street Address				Street Address						
29984 PINNACLE WAY				29984 PINNACLE WAY						
City	State	1		City State			Zip			
MILLSBORO	DE	19	966	MILLS	BORO	DE		19966		
8. List ALL directors (names a				<u> </u>	-	•	x to indica	ate an attachment	П	
Director Name	•			Director Na	amé					
JAY PARK										
Street Address				Street Add	ress					
29984 PINNACLE	WAY									
City	State	State Zip		City Sta				Zip		
MILLSBORO	DE	19	966							
Director Name				Director Name						
Street Address				Street Address						
City	State	Zip		City				Zip		
9. Shares Authorized		<del>       </del>	10. Shares Issued	<u></u>	Ch	eck the bo	x to indica	ate an attachment		
This information is currently of record in the NUMBER				OF SHARES CLASS/SERIES PAR VALUE						
Department of State.			7,5143	$\varphi \varphi \cdot \overline{}$	COMMON			7/X/110		
Changes require an addition	nal filing.							•		
<ol> <li>This report must be execut ceiver or trustee, this report m</li> </ol>						is in the ha	ands of a	re-		
Under penalty of perjury,	I declare and a	affirm th	at I have examir	ned this rep		accomp	anying s	schedules and		
Statements, and that all s Name of Authorized Represer		iainea n	erein are true af	iu correct.		Į.	Date	3 6 2021	4	
Signature of Authorized Representative					_ //	27.99		3,6,202		
JAY PARK			<u>If</u>		2/2	<u> </u>				
MAIL TO:					(/	$\mathcal{U}\mathcal{J}$	- 1			

**Division of Business Services** 

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

State of Rhode Island

Annual Report for the year: 2024

Department of State - Business Services Division

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED