



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**
Corporation

FILED

APR 05 2024

BY 38958

- 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 000090880		2. Exact name of the Corporation Jacky's Galaxie North Providence, Inc.			
3. Principal Office Address 1488 Mineral Spring Avenue		City North Providence		State RI	Zip 02904
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operation of restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kin Wah Ko			Vice-President Name SAME		
Street Address 39 Riverview Drive			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			1,000		Common
			PAR VALUE		No Par
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 Kin Wah Ko					Date 4/2/2024
Signature of Authorized Representative 					

MAIL TO:
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