



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

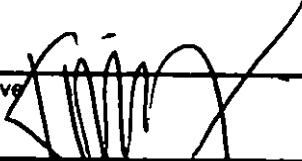
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 05 2024

BY 28958  
DS

1. Entity ID Number <b>000486938</b>		2. Exact name of the Corporation <b>Jacky's Galaxie Providence, Inc.</b>	
3. Principal Office Address <b>200 Exchange Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02904</b>	
4. NAICS Code <b>722511</b>	6. Brief description of the character of business conducted in Rhode Island <b>Operation of restaurant</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Kin Wah Ko</b>		Vice-President Name <b>SAME</b>	
Street Address <b>39 Riverview Drive</b>		Street Address	
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>1,000</b>	<b>Common</b>
			<b>\$0.01</b>
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. <b>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.</b>			
Name of Authorized Representative <b>Kin Wah Ko</b>			Date <b>4/2/2024</b>
Signature of Authorized Representative 			

MAIL TO:  
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