



**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 15 2024  
BY *[Signature]* 1181

1. Entity ID Number <b>001722341</b>		2. Exact name of the Corporation <b>APSARA LADY INC</b>			
3. Principal Office Address <b>716 PUBLIC STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>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>KIM TE</b>			Vice-President Name <b>PHEAK VUNG</b>		
Street Address <b>633 BUDLONG ROAD</b>			Street Address <b>16 PAINE AVE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>PANHA PO</b>			Treasurer Name <b>PHEAK VUNG</b>		
Street Address <b>24 PAINE AVE</b>			Street Address <b>16 PAINE AVE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>THIDA IENG</b>			Director Name		
Street Address <b>31 PAINE AVE APT#1</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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 <b>500</b>		C. ASS/SERIES <b>NO PAR</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>KIM TE</b>				Date <b>4/3/24</b>	
Signature of Authorized Representative <i>[Signature]</i>					

**MAIL TO:**  
Division of Business Services  
148 W. River Street Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov