



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

1. Entity ID Number 001722341		2. Exact name of the Corporation APSARA LADY INC			
3. Principal Office Address 716 PUBLIC STREET		City PROVIDENCE		State RI	Zip 02907
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island 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 KIM TE			Vice-President Name PHEAK VUNG		
Street Address 633 BUDLONG ROAD			Street Address 16 PAINE AVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02910
Secretary Name PANHA PO			Treasurer Name PHEAK VUNG		
Street Address 24 PAINE AVE			Street Address 16 PAINE AVE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name THIDA IENG			Director Name		
Street Address 31 PAINE AVE APT#1			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 500		
			C. ASS/SERIES		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 KIM TE					Date 4/3/24
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 650- Revised 12/2023