



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.

REC'D RIDOS BSD  
24 APR 17 AM 10:51:10

STAMP

1. Entity ID Number <b>000148948</b>		2. Exact name of the Corporation <b>Tai-O General Partner <i>IME</i></b>			
3. Principal Office Address <b>521 Roosevelt Ave</b>			City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
4. NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the Business of Real Estate Investment</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>Chiu Yip</b>			Vice-President Name <b>Tze Ping Ng</b>		
Street Address <b>71 Wingate Rd</b>			Street Address <b>76 Middle Rd</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>Tze Ping Ng</b>			Treasurer Name <b>Chiu Yip</b>		
Street Address <b>76 Middle Rd</b>			Street Address <b>71 Wingate Rd</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</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>Chiu Yip</b>			Director Name <b>Tze Ping Ng</b>		
Street Address <b>71 Wingate Rd</b>			Street Address <b>76 Middle Rd</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>8000</b>	<b>CWP</b>	<b>\$1.0000</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>Chiu Yip</b>				Date <b>4/1/24</b>	
Signature of Authorized Representative 				<b>FILED</b>	

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

**APR 17 2024**  
BY *GBayw*  
*199*