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.

1. Entity ID Number	2. Exact name of the Corporation
000148942	F.O.V. Landmark, Inc.

3. Principal Office Address	City	State	Zip
233 Newell Road	Holden	MA	01520

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Owning, Leasing and Managing Real Estate and any other valid business purpose
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Thomas P. Vuong	Helouise Vuong
Street Address: 233 Newell Road	Street Address: 233 Newell Road
City: Holden, State: MA, Zip: 01520	City: Holden, State: MA, Zip: 01520
Secretary Name	**Treasurer Name:** Helouise Vuong
Street Address	Street Address: 233 Newell Road
City, State, Zip	City: Holden, State: MA, Zip: 01520

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Thanh Phuoc Vuong	Hung Phuoc Vuong
Street Address: 1 Coombs Road	Street Address: 5 Carly Circle
City: Worcester, State: MA, Zip: 01602	City: Rutland, State: MA, Zip: 01543
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	CNP	0

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	Date
Thomas P. Vuong	4/26/2024

Signature of Authorized Representative

FILED
APR 29 2024
BY 67319

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 630- Revised 12/2023