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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
001723119	Bossy Monkey Corporation

3. Principal Office Address	City	State	Zip
472 THAME ST	NEWPORT	RI	02840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	RESTAURANT
5 State of Incorporation: RI	

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

President Name	Street Address	City	State	Zip
APICHAT CHUENPRAPA	472 THAME ST	NEWPORT	RI	02840

Vice-President Name	Street Address	City	State	Zip
APIRAK CHUENPRAPA	472 THAME ST	NEWPORT	RI	02840

Secretary Name	Street Address	City	State	Zip
APICHAT CHUENPRAPA	472 THAME ST	NEWPORT	RI	02840

Treasurer Name	Street Address	City	State	Zip
APIRAK CHUENPRAPA	472 THAME ST	NEWPORT	RI	02840

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

Director Name	Street Address	City	State	Zip
PAVEEN MANO	472 THAME ST	NEWPORT	RI	02840

Director Name	Street Address	City	State	Zip
APICHAT CHUENPRAPA	472 THAME ST	NEWPORT	RI	02840

Director Name	Street Address	City	State	Zip
APIRAK CHUENPRAPA	472 THAME ST	NEWPORT	RI	02840

Director Name	Street Address	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
3000	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
APICHAT CHUENPRAPA	05/20/2024

Signature of Authorized Representative: Apichat Chuenprapa

FILED 932
MAY 22 2024
BY

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