



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

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 B5D
 24 OCT 29 AM 11:06:14
 SECRETARY OF STATE
 R.I.

1. Entity ID Number 001777316		2. Exact name of the Corporation Hankook Beverage Inc.			
3. Principal Office Address 560 Mineral Spring Ave Unit 2121			City Pawtucket	State RJ	Zip 02860
4. NAICS Code 4248		6. Brief description of the character of business conducted in Rhode Island Alcoholic beverage Distributor			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wonsam Lee			Vice-President Name		
Street Address 560 Mineral Spring Ave Unit 2121			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		10,000		CWP	0.001
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 Wonsam Lee					Date 10/23/24
Signature of Authorized Representative 					

FILED

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

OCT 23 2024

BY Wonsam Lee
WLS