



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.

FILED

JAN 17 2025

BY 1473
EG

| | | | | | |
|---|-----------------|--|---|--------------------------|---------------------|
| 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 | | | 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 | | PAR VALUE |
| | | | 500 | 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 1-15-2025 | |
| 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