



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.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

REC'D RI SOS BSD
JAN 26 AM 11:52:30

1. Entity ID Number 000853500		2. Exact name of the Corporation FIVE STAR RESTAURANT, INC			
3. Principal Office Address 43 BUCKLIN STREET			City PROV	State RI	Zip 02907
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island FUNCTIONAL HALL			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHHOUM LOEU			Vice-President Name BRYAN V KANE		
Street Address 324 KNOTTING OAK ROAD			Street Address		
City COVENTRY	State RI	Zip 02816	City SAME	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		
			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 1/23/2025	
Signature of Authorized Representative					

FILED

JAN 23 2025

BY MSY V Y