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JAN 28 10:04:40State of Rhode Island
Department of State - Business Services DivisionAnnual 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.

1. Entity ID Number <u>000158816</u>		2. Exact name of the Corporation <u>Wong Family Corporation</u>	
3. Principal Office Address <u>323 Wellington Ave</u>		City <u>Cranston</u>	State <u>R.I.</u>
4. NAICS Code <u>311824</u>		6. Brief description of the character of business conducted in Rhode Island <u>200 Wholesale of Food Products.</u>	
5. State of Incorporation <u>- R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>HANG TO LAI</u>		Vice-President Name <u>Tianrong Chen</u>	
Street Address <u>2 Robert Cohen Dr.</u>		Street Address <u>48 Carleton St.</u>	
City <u>Canton</u>	State <u>MA</u>	City <u>Attleboro</u>	State <u>MA</u>
Zip <u>02021</u>		Zip <u>02703</u>	
Secretary Name <u>Hang To Lai</u>		Treasurer Name <u>Hang To Lai</u>	
Street Address <u>2 Robert Cohen Dr.</u>		Street Address <u>2 Robert Cohen Dr.</u>	
City <u>Canton</u>	State <u>MA</u>	City <u>Canton</u>	State <u>MA</u>
Zip <u>02021</u>		Zip <u>02021</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Hang To Lai</u>		Director Name	
Street Address <u>2 Robert Cohen Dr.</u>		Street Address	
City <u>Canton</u>	State <u>MA</u>	City	State
Zip <u>02021</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		<u>200</u>	<u>STK</u>
			<u>BD-0100</u>
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 <u>Hang To Lai</u>		Date <u>1.28.2025</u>	
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

FILED 10:04

JAN 28 2025

FORM 630- Revised 12/2023

BY R.R.M.C.