



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.

RECEIVED  
RIDOS BSD  
JAN 28 10:04:40

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>
Zip <u>02910</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>- RI.</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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>	Zip <u>02021</u>	City <u>Attleboro</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>	Zip <u>02021</u>	City <u>Canton</u>
State <u>MA</u>		Zip <u>02021</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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>	Zip <u>02021</u>	City
State <u>MA</u>		Zip	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>200</u>	<u>STK</u>
			<u>\$0.0100</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. <u>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.</u>			
Name of Authorized Representative <u>Hang To Lai</u>		Date <u>1.28.2025</u>	
Signature of Authorized Representative <u>[Signature]</u>			

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.