



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025
Corporation

FEB 18 2025
BY 2555

- 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 000061399		2. Exact name of the Corporation 4 Seasons Restaurant, Inc.			
3. Principal Office Address 361 Reservoir Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Asian Restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ran Ay			Vice-President Name Samthul Meul		
Street Address 45 Brookside Drive			Street Address 45 Brookside Drive		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Ran Ay			Treasurer Name Ran Ay		
Street Address same			Street Address same		
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 Ran Ay			Director Name Samthul Meul		
Street Address same			Street Address same		
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
			800		no par value
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 Ran Ay				Date 2/7/25	
Signature of Authorized Representative <i>Ran Ay</i>					

MAIL TO:
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