



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
FEB 24 2025 A10
BY 42920

| | | | | | |
|---|--------------------|--|---|--------------------|------------------------|
| 1. Entity ID Number 1694768 | | 2. Exact name of the Corporation JJ Thai Cuisine, Inc. | | | |
| 3. Principal Office Address 517 Thames Street | | | City Newport | State RI | Zip 02840 |
| 4. NAICS Code 722511 | | 6. Brief description of the character of business conducted in Rhode Island 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 Inthun Segger | | | Vice-President Name Jippa Cox | | |
| Street Address 517 Thames Street | | | Street Address 2 Dearborn Street | | |
| City Newport | State RI | Zip 02840 | City Newport | State RI | Zip 02840 |
| 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 | | |
| | | | 100 | CWP | 0.100 |
| | | | | | |
| 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 2/19/25 |
| Signature of Authorized Representative Inthun Segger | | | | | |

MAIL TO:

Division of Business Services

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