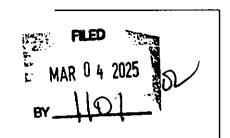
RI SOS Filing Number: 202566654950 Date: 3/4/2025 4:00:00 PM

## 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



Entity ID Number	2. Exact name	2. Exact name of the Corporation								
000891126	NGUYEN	LE I	NC							
3 Principal Office Address				City			State	Zip		
2723-2731 PAWTUCKET AVENUE				EAST PROVIDENCE			RI	02914		
4 NAICS Code			f the character of busi	ness conduc	ted in Rhode Island					
531120	1									
5 State of Incorporation	7									
RI	TO OWN:	REZ	AL ESTATE							
7 List ALL officers (names and		-\-	in commi		Che	ck the box to	indical	te an attachment	$\top$	
President Name					Vice-President Name					
VINE NGUYEN					KIMHONG T. LE					
Street Address					Street Address					
51 BARSTOW STRE	51 STEBER WAY									
City	State	Zip	)	City		State	7	Zip		
PROVIDENCE	RI		2909	REHOBOTH		MA		02769		
Secretary Name					Treasurer Name					
VINH NGUYEN					KIMHONG T. LE					
Street Address				Street Address						
51 BARSTOW STREET				51 STEBER WAY						
City	State	Zip	)	City		State	7	Zip		
PROVIDENCE	l <sub>R1</sub>		2909	REHOE	BOTH	l MA		02769		
8 List ALL directors (names ar			Check the box to indicate an attachment							
Director Name	Director Name									
VINH NGUYEN				KIMHONG T. LE						
Street Address				Street Address						
51 BARSTOW STREET				51 STEBER WAY						
City	State	Zip	)	City		State	7	Zip		
PROVIDENCE	RI		02909	REHOBOTH		MA		02769		
Director Name				Director Name				•		
Street Address				Street Address						
City State		Zı		City. I Sto		State	1.	Zip		
City	219:0	124	)	City		State	1	Σιμ		
9 Shares Authorized			10 Shares Issued	<u>l</u>	Chi	eck the box to	undica	te an attachment	$\top$	
This information is currently of record in the Department of State.			NUMBER OF SHARES				PAR VALUE			
			100	DAKES	CI ASS/SFRIES COMMON		0			
Changes require an additional	100	COLLIGIT								
				d	in the second		to of o	••		
11 This report must be execute ceiver or trustee, this report mu			•			is in the nand	IZ OI SI	I <del>U-</del>		
Under penalty of perjury,	l declare and a	ffirm	that I have examin	ed this rep		accompany	ying s	chedules and		
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative 1							Date			
nghul						02-27-25				
Signature of Authorized Repres			·					1		
VINE NGUYEN	•									
\										

## MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov