

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
MAR 04 2025
BY 1101

1. Entity ID Number 000891126		2. Exact name of the Corporation NGUYENLE INC									
3. Principal Office Address 2723-2731 PAWTUCKET AVENUE			City EAST PROVIDENCE		State RI						
			Zip 02914								
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island									
5. State of Incorporation RI		TO OWN REAL ESTATE									
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐						
President Name VINH NGUYEN			Vice-President Name KIMHONG T. LE								
Street Address 51 BARSTOW STREET			Street Address 51 STEBER WAY								
City PROVIDENCE	State RI	Zip 02909	City REHOBOTH	State MA	Zip 02769						
Secretary Name VINH NGUYEN			Treasurer Name KIMHONG T. LE								
Street Address 51 BARSTOW STREET			Street Address 51 STEBER WAY								
City PROVIDENCE	State RI	Zip 02909	City REHOBOTH	State MA	Zip 02769						
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐						
Director Name VINH NGUYEN			Director Name KIMHONG T. LE								
Street Address 51 BARSTOW STREET			Street Address 51 STEBER WAY								
City PROVIDENCE	State RI	Zip 02909	City REHOBOTH	State MA	Zip 02769						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized			10. Shares Issued								
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment ☐								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>0</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	0
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
100	COMMON	0									
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>Vinh Nguyen</u>					Date 02-27-25						
Signature of Authorized Representative VINH 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