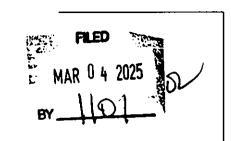
State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025

- → 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 of the Corporation								
000891126	NGUYENLE INC								
3 Principal Office Address		4-2-1	City			State	Zip		
2723-2731 PAWTUCKET AVENUE				EAST PROVIDENCE			RI	02914	
4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island								
531120									
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				Vice-President Name					
VINE NGUYEN				KIMHONG T. LE					
Street Address				Street Address					
51 BARSTOW STREET				51 STEBER WAY					
City	State Zip					State	te Zip		
PROVIDENCE	RI		2909	1 1	REHOBOTH MA		l	02769	
Secretary Name	102505			Treasurer Name					
VINH NGUYEN				KIMHONG T. LE					
Street Address				Street Address					
51 BARSTOW STREET				51 STEBER WAY					
City	State	Zip		City		State		Zıp	
PROVIDENCE	RI	1 .	,)2909	= "7"		MA		02769	
8 List ALL directors (names and	•	1 0	2303	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		I	Zip			
PROVIDENCE	RI	1 '	2909	REHOBOTH		MA		02769	
Director Name	1 02 3 0 3			Director Name					
Street Address				Street Address					
City State Z		Zip	;	City		State		Zip	
9 Shares Authorized			10 Shares Issued	Check the			box to indicate an attachment		
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SFR	IFS		PAR VALUE	
			100 CC		COMMON	MMON		0	
Changes require an additional filing.									
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 Regresentative 1 Date									
ngstrul							02-27-25		
Signature of Authorized Representative 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