



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.

REC'D 2005 355
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01/25/2025

1. Entity ID Number 142028		2. Exact name of the Corporation G&MK CORPORATION			
3. Principal Office Address 21 East Pine Road		City Cranston		State RI	Zip 02921
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To hold and sell restaurant assets			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tong Il Kim			Vice-President Name Wai Ming Kim		
Street Address 21 East Pine Road			Street Address 21 East Pine Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Wai Ming Kim			Treasurer Name Wai Ming Kim		
Street Address 21 East Pine Road			Street Address 21 East Pine Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tong Il Kim			Director Name Wai Ming Kim		
Street Address 21 East Pine Road			Street Address 21 East Pine Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	Common	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 Wai Ming Kim					Date 01/25/2025
Signature of Authorized Representative <i>Wai Ming Kim</i>					FILED MAR 10 2025 BY <i>LALE</i> AA

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023