



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

APR 03 2025
BY

1. Entity ID Number 148942		2. Exact name of the Corporation F.O.V. Landmark, Inc.			
3. Principal Office Address 356 Mendon Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Owning, Leasing & Managing Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas P. Vuong			Vice-President Name Helouise J. Vuong		
Street Address 233 Newell Road			Street Address 233 Newell Road		
City Holden	State MA	Zip 01520	City Holden	State MA	Zip 01520
Secretary Name Thanh Phouc Vuong			Treasurer Name Helouise J. Vuong		
Street Address 1 Coombs Road			Street Address 233 Newell Road		
City Worcester	State MA	Zip 01602	City Holden	State MA	Zip 01520
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas P. Vuong			Director Name Helouise J. Vuong		
Street Address 233 Newell Road			Street Address 233 Newell Road		
City Holden	State MA	Zip 01520	City Holden	State MA	Zip 01520
Director Name Thanh Phouc Vuong			Director Name		
Street Address 1 Coombs Road			Street Address		
City Worcester	State MA	Zip 01602	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 PAR VALUE			
		100	Common	No Par	
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. <i>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.</i>					
Name of Authorized Representative Thomas P. Vuong				Date 3/3/2025	
Signature of Authorized Representative 					

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