RI SOS Filing Number: 202572937450 Date: 5/9/2025 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	5.00 fee if form is r	not filed by May 31	•						
1. Entity ID Number		2. Exact name of the Corporation							
000293152	Heong	s Market, Inc	•						
3. Principal Office Address	•				State	Zip			
1475 Main Street			West Wa	arwick	RI	02893			
4. NAIĈS Code	6. Brief desc	cription of the chara	cter of business	conducted in Rho	de Island	<u> </u>			
445110	Retail G	Retail Grocery Store-Supermarket							
5. State of Incorporation									
RI									
7. List ALL officers (names an	nd addresses)			Ch	eck the box to indi	cate an attachment			
President Name Ben Chan			Vice-President Name Ting Lin Chan						
Street Address			Street Address						
1475 Main 3				Street Address 1475 Main Street					
^{City} West Warwick	State RI	Zip 02893	City West V	Warwick	State RI	Žip 02893			
Secretary Name Ting Lin Ch	an			me Ben Chan		i			
Street Address 1475 Main Street			Street Address 1475 Main Street						
				1475 Main St					
^{City} West Warwick	State RI	Zip 02893	City West Warwick		State RI	Zip 02893			
8. List ALL directors (names a	ind addresses)			Che	eck the besito indi	cate an attachment [
Director Name None			Director Name	e		· ·			
Street Address		Street Addres	Street Address						
			_		- c	Ť,			
City	State	Zıp	City			ਜੋ ≺ Zip ∽[
Director Name			Director Name			<u> </u>			
Street Address			Street Address		<u></u> _	<u> </u>			
			Gireet Address	3	σ				
City	State	Zıp	City		State	Zıp			
9. Shares Authorized		10. Shares Iss	10. Shares Issued		Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER O	F SHARES	C_ASS/SE		PAR VALUE			
		200		Common	1 1	No Par			
Changes require an additional f	fillng.								
11. This report must be execut	ted on behalf of the	corporation by an a	authorized repre	sentative. If the co	rporation is in the	hands of a receiver or			
<u>trustee, this report must be ex</u>	ecuted on behalf o	f the corporation by	the receiver or to	rustee.					
Under penalty of perjury, I d statements, and that all state	leclare and affirm	that I have examin	ed this report, i	including any acc	companying sche	dules and			
Name of Authorized Represen	ntative	i nerem are u de ar		EII ED	Date	/ /			
Ting Lin Chan				· FILED	5/	4/2028			
Signature of Authorized Repre	sentative			MAY 0 9 2025					
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4AII TO:			BY	7					
MAIL TO:	_			(VII).					

Division of Business Services

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

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