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State of Rhode Island Department of Sta Annual Report for the year:	ate - Busines		Division .	JUN 3 0 2025	FREC'D RID	ТАМР	
 → Filing period: February 1 - I → Filing Fee: \$50,00 → Penalty: Additional \$25.00 fe 	JUN 3 0 2025 PRIDOS BSY 29:29:29:29:29						
1. Entity ID Number 001668980	2. Exact name of the Corporation Pingpong Global Solutions Inc						
3. Principal Office Address 303 Twin Dolphin Drive, Suite 600			City	ood City	State CA	Zip 94065	
4. NAICS Code 541990 5. State of Incorporation New York	Brief description of the character of business conducted in Rhode Island Management Consulting Services						
7. List ALL officers (names and add	lresses)		1	Check the	box to indicate a	an attachment 🔲	
President Name Yu Chen				Vice-President Name Ning Wang			
Street Address 303 Twin Dolphin Drive, Suite 600				Street Address 303 Twin Dolphin Drive, Suite 600			
City Redwood City	State CA	^{Zip} 94065		Iwood City	State CA	^{Zip} 94065	
Secretary Name Kenny Tsang				Treasurer Name Ning Wang			
Street Address 303 Twin Dolphin Drive, Suite 600			Street Add	Street Address 303 Twin Dolphin Drive, Suite 600			
City Redwood City	State CA	^{Zip} 94065	City			^{Zip} 94065	
8. List ALL directors (names and ac	ldresses)	<u> </u>	Total sale M		box to indicate a	an attachment 🔲	
Director Name Yu Chen				Director Name Ning Wang			
Street Address 303 Twin Dolphin Drive, Suite 600			Street Address 303 Twin Dolphin Drive, Suite 600				
^{City} Redwood City	State CA	^{Zıp} 94065	City Red	City Redwood City		^{Zip} 94065	
Director Name Lan Yao			Director Na	Director Name			
Street Address 303 Twin Dolphin Drive, Suite 600			Street Add	Street Address			
^{City} Redwood City	State CA	^{Zip} 94065	City		State	Zip	
9. Shares Authorized		10. Shares Issu	ed		box to indicate		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERI	0	PAR VALUE	
11. This report must be executed or ceiver or trustee, this report must b					poration is in the	hands of a re-	
Under penalty of perjury, I declar statements, and that all statemen	nts contained her			rt, including any acco		edules and	
Name of Authorized Representative Kenny Tsang					Date 06/20/2025		
Signature of Authorized Representa	ative						

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

June 30, 2025 12:29 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

