RI SOS Filing Number: 202577106860 Date: 7/14/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JUL 14 2025
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R.I. DEPT. OF STATE
BUS SVCS DIV
2025 JUL 14 P 1:43
BY

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

1. Entity ID Number	2. Exact name of the Corporation		
001744724	Bayon Market, Inc.		
3. Principal Office Address	City	State	Zip
759 Potters Avenue	Providence	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
445110	Supermarket & Grocery Store		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment

President Name: Lina Thay			Vice-President Name: Lina Thay		
Street Address: 536 Cranston Street			Street Address: 536 Cranston Street		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907
Secretary Name: Lina Thay			Treasurer Name: Lina Thay		
Street Address: 536 Cranston Street			Street Address: 536 Cranston Street		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907

8. List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name: NONE			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	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/SERIES	PAR VALUE
Changes require an additional filing.	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.

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	Date
Lina Thay	7/10/2025
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

FORM 600 - Revised: 11/2021