

2. Name of Corporation

TAI DÉE GARDEN INC

L. Corporate II) No.

4. Business Phone No.

401-295-7574

3. Street Address Principal Business Office 149 VISTA CIRCLE

8484

File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

02852

5. State of Incorporation

RHODE ISLAND

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - Märch 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

NORTH KINGSTOWN

R!

6. Brief Description of the Characte CHINESE AMERICAN RE	ESTAURANT					
7. NAMES AND ADDRESSE President Name	S OF THE OFFI	CERS: ("X" BOX FOR ATT	"ACHMENT) [] FILL IN SPAC : Vice President Name	ES BEFORE USING	ATTACHMENTS	
TONY CHIN			JACK LAI			
Street Address 149 VISTA CIRCLE			Street Address 23 NORTH STREET			
CRITY NORTH KINGSTOWN	State RI	^{Zip} 02852	City CRANSTON	State RI	^{Zip} 02920	
Secretary Name SANDRA LAI			Treasurer Name TONY CHIN			
Street Address 23 NORTH STREET			Street Address 149 VISTA CIRCLE			
CRANSTON	State RI	Zip 02920	City NORTH KINGSTOWN	State RI	^{2ip} 02852	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name TONY CHIN Street Address			Director Name JACK LAI Street Address			
49 VISTA CIRCLE by State Zip			23 NORTH STREET			
City NORTH KINGSTOWN Director Name	RI	Ζίρ 02852	CRANSTON	State RI	7ip 02920	
INTEGOT NUME			Director Name			
Street Address			Street Address			
CUV	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
600	COMMON	NO PAR VALUE	100	COMMON	NO PAR VALUE	
This report must be executed this report must be executed	on behalf of the	e corporation by an authoriz corporation by the receiver	red representative. If the corpora or trustee.	ation is in the hands	of a receiver or trustee,	
THE PARTY OF THE P			including any accompany	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.		

Signature

Title

Print or Type Name

Feb. 02,2008