

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 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(e)d) is

subject to a penalty fee of \$25.00.	you(e), swall verperalieri jar	ang or regioning to just the same	mes report western states (50) tasys after	in time preserved by ma (16.1	.d.z. /-1.2-1501(10u/) B
1. Corporate ID No. 125976	2. Name of Corporation NEW CHINA PA	VILION, INC.			
3. Street Address Principal Business Of 105 Franklin Street	fice		City Westerly	State RI	^{Zip} 02891
4. Business Phone No. (401) 596-9888 5. State of Incorporation RHODE SLAND		**		•	
6. Brief Description of the Character of OPERATION OF A RESTAL		pode Island		set-10-18.	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Lu Chang Weng		CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name None			
Street Address 11 North Drive			Street Address		
City Westerly	State RI	^{Zip} 02891	Сиу	State	Zip
Secretary Name Lu Chang Weng L			Treasurer Name Lu Chang Weng		•••••••••••••••••••••••••••••••••••••••
Street Address 11 North Drive			Street Address 11 North Drive		
Cuy Westerly	State RI	02891	City Westerly	State RI	^{Zip} 02891
8. NAMES AND ADDRESSES of Director Name Lu Chang Weng	OF THE DIRECTORS	: (A BOA POR ATT.	Director Name None	CES BEFORE USING AT	IACHMENIS
Street Address 11 North Drive			Street Address		
City Westerly	State RI	^{Zip} 02891	Сиу	State	Zip 3
Director Name	(* * * * * * * * * * * * * * * * * * *	f	Director Name	***************************************	
Street Address		Street Address			
City	State	Zip	City	State	Zip 🙃
9. SHARES AUTHORIZED	'	•	10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION	BOX FOR ATTACHME MUST BE COMPLETED	w 8 < A
This information is currently	of record in the Offic	e of the Secretary of	Number of Shares Class/Series Par Value		Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.		50	Common	None	
			12 (11)		
This report must be executed of this report must be executed of				ation is in the hands of a	receiver or trustee,

	Under penalty of perjury, I declare and affirm that I have examined t including any accompanying schedules and statements, and that all s	
File Date 2-11-09	contained herein are true and correct. 2/4/09	7
Check No. 1458	Signature Date (
By: MMC	Lu Chang Weng Print or Type Name	
FOR SECRETARY OF STATE USE ONLY	President	
	Title Form 630 Rev.	08/08