

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.1. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.I. 7-1.2-150).

subject to a penalty fee of \$25,00.			init report within thirty (50) may	is after the time prestribed by u	uw (R.I.G.I., 7-1.2-1301(coa)) is
1. Corporate ID No. 151565	2. Name of Corporation Minh Hai Restaurant, Inc.				
3. Street Address Principal Business Office 1096 Park Avenue			City Cranston	State RI	^{Zip} 02910
401-935-2546 Rhode Island		5. State of Incorporation Rhode Island			
o. Brief Description of the Character of Restaurant and food sales	f Business Conducted in Rl	oode Island	· · · · · · · · · · · · · · · · · · ·		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAINMENT OF President Name Minh V. Huynh			CHMENT) THE FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Hai Huynh		
Street Address 1096 Park Avenue			Street Address 1096 Park Avenue		
Cranston	State RI	zip 02910	Cranston	State RI	^{Ζ(ρ} 02910
Secretary Name Hai Huynh			Treasurer Name Minh V. Huynh		
Street Address 1096 Park Avenue			Street Address 1096 Park Avenue		
Cranston	State RI	^{Zip} 02910	City Cranston	State RI	Σір 02910
8. NAMES AND ADDRESSES (Director Name	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) FILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS
Street Address			Street Address		
СИу	State	Zip	Сйу	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			250	Common	No Par
This report must be executed or this report must be executed or	on behalf of the corpor n behalf of the corpor	oration by an authorized ation by the receiver of	d representative. If the corr trustee.	rporation is in the hand	s of a 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
File Date FILED	contained herein are true and correct.
Check No. MAR 0 6 2009	Signature Date Minh V. Huynh
FOR SECRETARY OF STATE USE ONLY	Print or Type Name President
TOWN STATE ESE ONE!	Title