

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of Stat Corporations Divisio. 148 W. River Stree Providence, RI 02904-261 401.222,304

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

subject to a penalty fee of \$25.0	0.		ual report within thirty (30) days	after the time prescribed by lat	υ (R.I.G.L., 7-1.2-1501(c&d)) ι 	
1 Corporate ID No. 000158048	2. Name of Corporation EMPIRE BUFFE	2. Name of Corporation EMPIRE BUFFET HOUSE, INC.				
3. Street Address Principal Business Office 876 DIAMOND HILL RD			WOONSOCKET	State RI	<i>Ζtp</i> <b>0289</b> 5	
1. Business Phone No.5. State of Incorporation401-766-9888RHODE ISLAND						
6. Brief Description of the Char RESTAURANT / FOOL	ucter of Business Conducted in k ) SERVICE	Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name JUN CI ZHANG			ICHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  SAME			
Street Address 876 DIAMOND HILL RD			Street Address			
City WOONSOCKET	State RI	Zip 02895	City	State	Zip	
Secretary Name		• • • • • • • • • • • • • • • • • • • •	Treasurer Name		••••••	
Street Address			Street Address			
СИу	State	Zip	City	State	Zip	
8. NAMES AND ADDRES Director Name SAME AS ABOVE	sses of the director	S: ("X" BOX FOR ATT	: ACHMENT)  FILL IN S Director Name	 SPACES BEFORE USING	G ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name		.J	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/Suries	Par Value	
			10.00	COMMON	1.00	
This report must be executhis report must be execution	uted on behalf of the corported on behalf of the corported	poration by an authorize oration by the receiver o	Under penalty of per	ijury, I declare and affirm t	hat I have examined this re	
File Date	ED		including any accommod contained herein are	panying schedules and sta	itements, and that all statem	
			Signature		Date	

JUN CI ZHANG
Print or Type Name

**PRESIDENT** 

Title