



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2515
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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>159320</u>		2. Name of Corporation <u>LYT ENTERPRISE INC.</u>		
3. Street Address Principal Business Office <u>17 FRANCES ST.</u>		City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>
4. Business Phone No.		5. State of Incorporation <u>R.I.</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>DONGHAO CHEN</u>		Vice President Name		
Street Address <u>17 FRANCES ST.</u>		Street Address		
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	City	State
Secretary Name		Treasurer Name <u>DONGHAO CHEN</u>		
Street Address		Street Address <u>SAME</u>		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares <u>1000</u>	Class/Series <u>COMMON</u>	Par Value <u>.01</u>	10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
			Number of Shares <u>NONE</u>	Class/Series <u>COMMON</u>
				Par Value <u>.01</u>
			THIS SECTION MUST BE COMPLETED	

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.

FILED

JUN 22 2011

File Date
Check No.
BY
FOR SECRETARY OF STATE USE ONLY

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
Date

DONGHAO CHEN
Print or Type Name

President
Title