

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company					
538665	Sun Wai	Sun Wai Chinese Restaurant LLC					
3. State of Formation	4. Brief descr	Brief description of the character of business conducted in Rhode Island					
RI	Operate a	Operate and own a restaurant business					
5. Principal office address 126 Taunton Ave			City <b>E. Providence</b>	State RI	Zip <b>02914</b>		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OF MILE OF CONTACT PE	RSON:			
Contact Name Fou He			Contact Title member				
Street Address 126 Taunton Ave			City E Providence	State RI	Zip <b>02914</b>		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	idosesiumemberes Paulinininininis		
Manager Name FOU HE Street Address 124 Taun ton Ave			Manager Name	Manager Name			
			Street Address				
East Provider	nce State RI	tip 029	14 City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN R	A 24 19 CASA 19 F S PF & E-diversion of the Parachet State S			100			
This information is currer	ntly of record in the	Office of the Sec	retary of State. Changes require fi	ling Form 642.			

File Date	FILED	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.	
Check No.	OCT 1 2 2012	Signature of Authorized Person	/0/1//2 Date
FOR SECRETARY OF STATE USE ONLY		Frint or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012