



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000748582		2. Exact name of the Corporation NEW CHINA GARDEN INC			
3. Principal office address 3288 EAST MAIN ROAD		City PORTSMOUTH	State RI	Zip 02871	
4. Business Phone No. 646-436-2188		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island CHINESE RESTAURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name XIAO CHUN CHEN			Vice-President Name		
Street Address 3288 EAST MAIN ROAD			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
Secretary Name XIAO CHUN CHEN			Treasurer Name XIAO CHUN CHEN		
Street Address 3288 EAST MAIN ROAD			Street Address 3288 EAST MAIN ROAD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name XIAO CHUN CHEN			Director Name		
Street Address 3288 EAST MAIN ROAD			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	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) <input type="checkbox"/>		
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
			200	CNP	\$0.0000

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 SECRETARY OF STATE
 CORPORATIONS DIV.

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.

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.

Xiao Chun Chen
 Signature of Authorized Representative Date _____
XIAO CHUN CHEN
 Print or Type Name of Authorized Representative

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JUN 21 2013
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