



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 2014

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. 55299		2. Exact name of the Corporation LUCKY HOUSE RESTAURANT, INC.			
3. Principal office address 32 MAIN STREET			City ASHAWAY	State RI	Zip 02804
4. Business Phone No. (401) 596-3922		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND OPERATION OF CHINESE RESTAURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DANNY JING RU ZENG			Vice-President Name BRIEN BAI RU ZENG		
Street Address 4 MILROSE AVENUE			Street Address 21 RAYMOND STREET		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name DANNY JING RU ZENG			Treasurer Name RAYMOND SOI U ZENG		
Street Address 4 MILROSE AVENUE			Street Address 168 OLD POST ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DANNY JING RU ZENG			Director Name BRIEN BAI RU ZENG		
Street Address 4 MILROSE AVENUE			Street Address 21 RAYMOND STREET		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name RAYMOND SOI U ZENG			Director Name		
Street Address 168 OLD POST ROAD			Street Address		
City WESTERLY	State RI	Zip 02891	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
			300	COMMON	NO PAR VALUE

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

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.
 JAN 17 2014
 22032
 Signature of Authorized Representative: **DANNY J. ZENG**
 Date: **1/15/14**
 Print or Type Name of Authorized Representative