



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. 101054		2. Exact name of the Corporation EMW, Inc.			
3. Principal office address 71 Common Street		City Providence	State RI	Zip 02908	
4. Business Phone No. 401-475-8213		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island to operate / manage facilities used as restaurants					2014 APR 21 AM 8:32 SECRETARY OF STATE CORPORATIONS DIV
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Yee Wan Yip		Vice-President Name none			
Street Address 71 Common Street		Street Address			
City Providence	State RI	Zip 02908	City	State	
Secretary Name Yee Wan Yip		Treasurer Name Yee Wan Yip			
Street Address 71 Common Street		Street Address 71 Common Street			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Yee Wan Yip		Director Name			
Street Address 71 Common Street		Street Address			
City Providence	State RI	Zip 02908	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
			1000	common	no par

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.

Signature of Authorized Representative Yee Wan Yip Date 2/20/2014

Print or Type Name of Authorized Representative Yee Wan Yip

FILED

APR 21 2014

By 49-222662

A.A.