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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 2015

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.**

RECEIVED
2015 JAN 23 AM 10:59
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID No.	2. Exact name of the Corporation		
4132	Chin Enterprises, Inc.		
3. Principal office address: 425 Putnam Pike	City: Greenville	State: RI	Zip: 02917
4. Business Phone No.: (401) 232-2244	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Operate a restaurant			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Rose K. Chin	3 Dongay Road	Smithfield	RI	02917

Vice-President Name	Street Address	City	State	Zip
Wallace H. Chin	3 Dongay Road	Smithfield	RI	02917

Secretary Name	Street Address	City	State	Zip
Rose K. Chin	3 Dongay Road	Smithfield	RI	02917

Treasurer Name	Street Address	City	State	Zip
Wallace H. Chin	3 Dongay Road	Smithfield	RI	02917

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Rose K. Chin	Same as above	Same	Same	Same

Director Name	Street Address	City	State	Zip
Wallace H. Chin	Same as above	Same	Same	Same

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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

FILED
JAN 23 2015
By 240916
A.A.

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.

Wallace H Chin 1-21-2015
Signature of Authorized Representative Date

Wallace H. Chin, Treasurer
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
116488-1-250789