



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. 543320		2. Exact name of the Corporation S&W Tokyo Inc.			
3. Principal office address 400 Bald Hill Road, F7			City Warwick	State RI	Zip 02886
4. Business Phone No. 401 738-3839			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Restaurant-Food Court					
8.1 OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)					
President Name Xue Xian Zheng			Vice-President Name		
Street Address 2 Countywide Lane			Street Address		
City Centereach	State NY	Zip 11720	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8.2 DIRECTORS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 (SEE BOX FOR ATTACHMENT)					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		CNP		0.00	

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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.

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

Date

Print or Type Name of Authorized Representative