



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.

1. Entity ID No. 791003		2. Exact name of the Corporation YAMA FUJI, INC.			
3. Principal office address P.O. BOX 295		City SLATERSVILLE	State RI	Zip 02876	
4. Business Phone No. 401-597-0885		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island RESTAURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name JIN XIANG YANG			Vice-President Name TIAN HUA YANG		
Street Address 5 VALLEY ROAD			Street Address 900 VICTORY HIGHWAY UNIT 3		
City EAST GREENWICH	State RI	Zip 02818	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name			Treasurer Name MIN CHUN SUN		
Street Address			Street Address 900 VICTORY HIGHWAY UNIT 3		
City	State	Zip	City NORTH SMITHFIELD	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" 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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	0

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

Date

TIAN HUA YANG

Print or Type Name of Authorized Representative

FILED
MAR 02 2015
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A.A.