STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*

*Corporations Division*
*100 North Main Street, Providence, RI 02903-1335*
*401-222-3040*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

***Filing Period: January 1–March 1 • Filing Fee: $50.00***

STOP
PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

| 1. Corporate ID No. | 2. Name of Corporation |
|---|---|
| 92100 | Joy-Po Food Corp. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 323 Wellington Avenue | Cranston | RI | 02910 |

| 4. Business Phone No. | 5. State of Incorporation | 6. SIC Code |
|---|---|---|
| 401-467-9710 | RHODE ISLAND | 638 |

7. Brief Description of the Character of Business Conducted in Rhode Island
Food Processing and any other lawful Purpose

**8. NAMES AND ADDRESSES OF THE OFFICERS** *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Vice President Name |
|---|---|
| Lai Lee Chin | Lai Hing Chin |
| Street Address: 125 Federal Street | Street Address: 125 Federal Street |
| City: Providence State: RI Zip: 02903 | City: Providence State: RI Zip: 02903 |
| **Secretary Name** | **Treasurer Name** |
| Lai Lee Chin | Lai Hing Chin |
| Street Address: 125 Federal Street | Street Address: 125 Federal Street |
| City: Providence State: RI Zip: 02903 | City: Providence State: RI Zip: 02903 |

**9. NAMES AND ADDRESSES OF THE DIRECTORS** *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | Director Name |
|---|---|
| Lai Lee Chin | Lai Hing Chin |
| Street Address: 125 Federal Street | Street Address: 125 Federal Street |
| City: Providence State: RI Zip: 02903 | City: Providence State: RI Zip: 02903 |
| **Director Name** | **Director Name** |
| Street Address | Street Address |
| City State Zip | City State Zip |

**10. SHARES AUTHORIZED** *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 2,000 SHS | NO PAR VALUE | |

**11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 1,000 | Common | No Par |

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 9 2 1 0 0 *

*File Date:* FILED

*Check No.:* MAR 0 1 2001

*By:* By 19465

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Daily C. — 2-20-01
*Signature of Officer* — *Date*

CHIN LAI HING
*Print or Type Name of Officer*

Secretary
*Title of Officer*