



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 133400		2. Name of Corporation GENTLE RAIN, INC.		
3. Street Address Principal Business Office 600 Douglas Avenue		City Providence	State R2	Zip 02908
4. Business Phone No. 401-331-8188		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A RESTAURANT				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jennifer Qin Lin		Vice President Name Jennifer Qin Lin		
Street Address 600 Douglas Avenue		Street Address 600 Douglas Avenue		
City Providence	State R2	Zip 02908	City Providence	State R2
Secretary Name CHENG LIN		Treasurer Name CHENG LIN		
Street Address 600 Douglas Avenue		Street Address 600 Douglas Avenue		
City Providence	State R2	Zip 02908	City Providence	State R2
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Jennifer Qin Lin		Director Name Cheng Lin		
Street Address 600 Douglas Avenue		Street Address 600 Douglas Avenue		
City Providence	State R2	Zip 02908	City Providence	State R2
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 NO PAR VALUE			1000	

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



FILED

File Date **MAY 21 2004**
Check No. **OW**
By: **1051600**

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.

X **Cheng Lin** 5/18/04
Signature of Officer Date

Cheng Lin
Print or Type Name of Officer

MG
Title of Officer