



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. 1009772		2. Exact name of the Corporation Good Fortune Supermarket of RI, Inc.			
3. Principal office address 78 Victory Street		City Cranston		State RI	Zip 02910
4. Business Phone No. 7183268988		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island It is a retail grocery store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Zi Feng Li			Vice-President Name Chenqiao Huang		
Street Address 78 Victory Street			Street Address 78 Victory Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Zi Feng Li			Director Name Chenqiao Huang		
Street Address 78 Victory Street			Street Address 78 Victory Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name None			Director Name None		
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
			200.00	CNP	\$0.0000

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SECRETARY OF STATE
CORPORATIONS DIV
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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

BY 255652

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FILED

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

08/20/2015

Date

Xiang Xie, Esq., Corporate Counsel

Print or Type Name of Authorized Representative

10:48