



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. 1015128		2. Exact name of the Corporation NV ENTERPRISES, INC.			
3. Principal office address 400K Putnam Pike			City Smithfield	State RI	Zip 02917
4. Business Phone No. 233-0888		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operation of Chinese restaurant					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Xin Yu Lin			Vice-President Name None.		
Street Address 400K Putnam Pike			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Xiu Luan Lin			Treasurer Name Xiu Luan Lin		
Street Address 400K Putnam Pike			Street Address 400K Putnam Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None.			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 1,000			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100	N/A	No Par Value

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

Form No. 630
Revised: 01/2012

By 259034

FILED

OCT 21 2015

KLM

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.

Xiu Luan Lin 10/20/15
Signature of Authorized Representative Date

Xiu Luan Lin
Print or Type Name of Authorized Representative