

3. Street Address Principal Business Office

272 Thayer Street

4. Business Phone No.

Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

02906

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK \* In accordance with R.I.G.1. 7-1.2-1501(a), each corporation failing or refusion to file its convent within thirty (30) days after the time precepted by law (81)

5. State of Incorporation

* In accordance with K.I.G.L. /-1.2-13	101(e), each corporation failing or rejusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d))
is subject to a penalty fee of \$25.00.	
1. Corporate ID No.	2. Name of Corporation
000141467	SHANGHAI RESTAURANT, INC.

City

**Providence** 

State

RI

6. Brief Description of the Character of E operate a restaurant 7. NAMES AND ADDRESSES OF President Name Raymon Hugh Street Address 12 Rosalind Rd.	THE OFFICERS	("X" BOX FOR ATTA	CHMENT)   FIEL II   Vice President Name   Alexis Tai   Street Address   12 Rosalind Rd.	N SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address 12 Rosalind Rd.			Street Address			
12 Rosalind Rd.			1			
City Sta Maymouth		02991	City Waymouth	State MA	Zip 02991	
Secretary Name Raymond Hugh			Treasurer Name Alexis Tai			
Street Address 12 Rosalind Rd.			Street Address 12 Rosalind Rd.			
City Sta Waymouth Ma		<sup>Zip</sup> 02991	City Waymouth	State MA	Zip 02991	
. NAMES AND ADDRESSES OF	THE DIRECTOR	S: ("X" BOX FOR AT	<u> </u>	IN SPACES BEFORE US	ING ATTACHMENTS	
MICCIOI MAINE			, Director Nume 1 4			
Street Address			Street Address			
City Sta	le .	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
			! ! !			
City	le	Zip	¦ City ¦	State	Zip	
. SHARES AUTHORIZED: ("X"	BOX FOR ATTAC	HMENT) 🗀 💮	10. SHARES ISSUEI	); ("X" BOX FOR ATTAC	HMENT)	
			ISSUED SHARES – THIS SECTION MUST BE COMPLETED			
his information is currently of re			Number of Shares Class/Series Par Value			
tate. Changes require an additionstruction sheet.	nal filing. See S	ection 9 of	500 shares common no par value			
istraction sheet.						
nis report must be executed on be	chalf of the corpo	ration by an authorize	d representative. If the c	orporation is in the hand	ls of a receiver or trustee	
is report must be executed on be						
		FILED				
		1144				
		IANI 2 1 2011		y, I declare and affirm that I nying schedules and statem		
		- 1/1 ()	contained berein are tru			
	ÞΥ	17 6 0554	1 / (, //	~~	1-15-14	
File Date			Signature		Date	
Check No.			Raymond Hugh	1		
			Print or Type Name	1		
By:	TOT ONLY		President			
FOR SECRETARY OF STATE	USE ONLY		Title	·		
					Form 630 Rev. 12/0	