



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 2016

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. 69870		2. Exact name of the Corporation Chan Restaurant Ltd.		
3. Principal office address 111 Atwells Avenue		City Providence	State RI	Zip 02909
4. Business Phone No. (401) 453-3133		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Business of a restaurant serving Chinese-American food				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Michael Chan		Vice-President Name Michael Chan		
Street Address 37 Steeple Lane		Street Address 37 Steeple Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI
Secretary Name Michael Chan		Treasurer Name Michael Chan		
Street Address 37 Steeple Lane		Street Address 37 Steeple Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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 100		CLASS/SERIES Common		PAR VALUE No Par

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

FILED

FEB 02 2016

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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

Date

Print or Type Name of Authorized Representative