



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 2014

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
			Zip 02865
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
			Zip 02865
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
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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	CLASS/SERIES
		100	Common
			No Par
		PAR VALUE	

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 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: _____
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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.

Michael Chan
 Signature of Authorized Representative
 Date _____
 Michael Chan
 Print or Type Name of Authorized Representative

KCM