

Revised: 01/2012

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 20/4

Filing Period:	January 1 - March 1	· This report must be	typed or printed legi	bly.	
1. Entity ID No.	J.UU · FAILURE TO F	ILE THIS REPORT BY	MARCH 31 WILL R	ESULT IN A \$25.00 PE	NALTY FEE.
11. Entity 18 140.	Z. Exact na	arrie of the Corporation			
69870	Ch	an Resta	urant Li	Ed.	
3. Principal office add	A		UIIV	Stato	Zip
4. Business Phone No	wells Aven	ue	Provide	nce R.	I 02909
(401)453-3133			5. State of Incorpor	7 1	
6. Brief description of	the character of busines	s conducted in Rhode Isla	and	Island	
Busine	ss of a	restaurant	· Perula (Chinasa	2
7: LIST ALL OFFICE	RS (NAMES AND ADD)	RESSES) (#X" BOX FOR	ATTACHMENTAL	Chinese-Am	erican food
President Name			Vice-President Name		
Street Address	(Chan		Michae	1 Chan	
37 Stee	ple Cane		Street Address		
City	State	Zip	37 Ste	eple Lane	
Lincoln	RI_	02865	Lincoln	State 7	02865
Secretary Name	1 0/00		Treasurer Name	1 1	- 02865
Street Address	1 Chan		Michael	el Chan	
37 Stee	ole Lane		Street Address 37 Stee		
City	State	Zip	City /	State	Zip
Lincoln 8-11STALLEDIRECTO	DS/MANUS AND AGE	02865 RESSES) ("X" BOX FOR	1 Cincoln	RI	02865
Director Name	HOWARD WIND AND THE	JESSES) (X& BUX FOR	ATTACHMENT)		
			Director Name		23 0
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address		
City	State	Zip	City		
		JP	City	State	Zip 1 20 A
Director Name			Director Name		
Street Address		_			AM IO
			Street Address		- VAI
Dity	State Zip		City	State	
				State	Zip
. SHARES AUTHORIZE			10, SHARES ISSUED	("X" BOX FOR ATTACH	(MENT)
his information is currently of record in the Office of the Secretary			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
f State. Changes require an additional filing. ee Section 9 of instruction sheet.		100	Common	No Par	
					- <u> </u>
This report must be exec	cuted on behalf of the co.	rporation by an authorized be executed on behalf of t	d representative. If the c	orporation is in the hands	of a receiver or treet
	uns report must l		a. Paranon by the re	ceivei or irusiee.	
					m that I have examined chedules and statements,
Check No.		FILED	and that all stateme	nts contained herein ar	e true and correct.
By	F	EB 0 2 2016	under	raere	
一直有事的理解 等可能		1 / / / /	Signature of Authoriz	ed Representative	Date
FOR SECRETARY OF S	TATE USE ONLY	166695	m cha		•
rm No. 630		1/11	Print or Type Name of	of Authorized Representa	tive

CM