



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. 160110		2. Exact name of the Corporation KENWOK, INC.			
3. Principal office address 1601 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
4. Business Phone No. (401)354-6868		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Restaurant					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Kin K. Chau			Vice-President Name Yan Hua Chau		
Street Address 403 King Philip Street			Street Address 403 King Philip Street		
City Fall River	State MA	Zip 02724	City Fall River	State MA	Zip 02724
Secretary Name Kin K. Chau			Treasurer Name Yan Hua Chau		
Street Address 403 King Philip Street			Street Address 403 King Philip Street		
City Fall River	State MA	Zip 02724	City Fall River	State MA	Zip 02724
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Kin K. Chau			Director Name Yan Hua Chau		
Street Address 403 King Philip Street			Street Address 403 King Philip Street		
City Fall River	State MA	Zip 02724	City Fall River	State MA	Zip 02724
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	COMMON	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

BY

KL 7847

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

Kin K. Chau

Print or Type Name of Authorized Representative

2/28/16
Date