

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.	2. Exact nai	me of the Corporation			
786367	Yo - Mi	x, Inc.			
3. Principal office address 1375 Park Avenue, Unit 5			City Cranston	State RI	Zip 02920
4. Business Phone No. 401/942-8686			5. State of Incorporation Rhode Island		
6. Brief description of the char To operate a frozen yo					CE L
7. LIST <u>ALL</u> OFFICERS (NAI	MES AND ADDI	RESSES) ("X" BOX FOR A	TTACHMENT)		3 2 3 m
President Name Manyee M. Chan			Vice-President Name May Ping Wu		
Street Address 75 Upland Road			Street Address 79 Caporal Street		
City Attleboro	State MA	Zip 02703	City Cranston	State RI	Zip 02910
Secretary Name Cindy Y. Cheng			Treasurer Name Cindy Y. Cheng		
Street Address 54 Raven Circle			Street Address 54 Raven Circle		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. LIST <u>ALL</u> DIRECTORS (N.	AMES AND ADI	DRESSES) ("X" BOX FOR	ATTACHMENT)		
Director Name Manyee M. Chan			Director Name May Ping Wu		
Street Address 75 Upland Road			Street Address 79 Caporial Street		
City Attleboro	State MA	Zip 02703	City Cranston	State RI	Zip 02910
Director Name Cindy Y. Cheng			Director Name Wai-Leung Chan		
Street Address 54 Raven Circle			Street Address 54 Raven Circle		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT)
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			105	common	.01
This report must be executed	on behalf of the	corporation by an authorize	ed representative. If the c	orporation is in the hands	s of a receiver or trustee,
File Date		·	Under penalty of pe this report, including	rjury, I declare and affi	rm that I have examined chedules and statements, re true and correct.
Check No		FILED	Misty a Signature of Authorit	Lesid, Presid	int 3/22/21
FOR SECRETARY OF STAT	and the second of the second o	MAD O O O O	Manyee M. Cha		<i>Juane</i>

Form No. 630 Revised: 01/2012 MAR 29 2016

By \$ 271164

Print or Type Name of Authorized Representative