



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.<br><b>138246</b>  |                    | 2. Exact name of the Corporation<br><b>Fortune House Inc.</b> |  |                    |                     |
| 3. Principal office address<br><b>1800 Mendon Road, Suite F</b>  |                    |   | City<br><b>Cumberland</b>                          | State<br><b>RI</b> | Zip<br><b>02864</b> |
| 4. Business Phone No.<br><b>401-333-9976</b>   |                    | 5. State of Incorporation<br><b>RI</b>                        |  |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>restaurant</b>   |                    |   |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>   |                    |   |  |                    |                     |
| President Name<br><b>Zhang Ping Lin</b>  |                    |   | Vice-President Name<br><b>Zhang Ping Lin</b>       |                    |                     |
| Street Address<br><b>1800 Mendon Road, Suite F</b>   |                    |   | Street Address<br><b>1800 Mendon Road, Suite F</b> |                    |                     |
| City<br><b>Cumberland</b>  | State<br><b>RI</b> | Zip<br><b>02864</b>   | City<br><b>Cumberland</b>                          | State<br><b>RI</b> | Zip<br><b>02864</b> |
| Secretary Name<br><b>Zhang Ping Lin</b>  |                    |   | Treasurer Name<br><b>Zhang Ping Lin</b>            |                    |                     |
| Street Address<br><b>1800 Mendon Road, Suite F</b>   |                    |   | Street Address<br><b>1800 Mendon Road, Suite F</b> |                    |                     |
| City<br><b>Cumberland</b>  | State<br><b>RI</b> | Zip<br><b>02864</b>   | City<br><b>Cumberland</b>                          | State<br><b>RI</b> | Zip<br><b>02864</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>  |                    |   |  |                    |                     |
| Director Name<br><b>Zhang Ping Lin</b>   |                    |   | Director Name                                      |                    |                     |
| Street Address<br><b>1800 Mendon Road, Suite F</b>   |                    |   | Street Address                                     |                    |                     |
| City<br><b>Cumberland</b>  | State<br><b>RI</b> | Zip<br><b>02864</b>   | City   | State              |                     |
| Director Name  |                    |   | Director Name                                      |                    |                     |
| Street Address   |                    |   | Street Address                                     |                    |                     |
| City   | State              | Zip   | City   | State              |                     |
| <b>9. SHARES AUTHORIZED</b>  |                    |   | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>  |                    |                     |
| 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

**FILED**

APR 14 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

Zhang - Ping Lin  
 Print or Type Name of Authorized Representative

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 CORPORATIONS DIV  
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