



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2016

2016 AUG -2 PM 3:02

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <u>47524</u>		2. Exact name of the Corporation <u>OCEAN PALACE INC</u>			
3. Principal Office Address <u>140 POINT JUDITH ROAD. #39</u>		City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	
4. Business Phone Number <u>401-783-9070</u>		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island <u>RESTAURANT / FOOD SERVICE</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>EUGENE J.C. MA</u>		Vice-President Name <u>WEI-LI MA</u>			
Street Address <u>MAILING ADD. SAME AS ABOVE</u>		Street Address <u>320 WEST MORELAND ST. D-6</u>			
City	State	Zip	City	State	Zip
			<u>NARRAGANSETT</u>	<u>RI</u>	<u>02882</u>
Secretary Name <u>WEI-LI MA</u>		Treasurer Name			
Street Address <u>SAME AS ABOVE</u>		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<u>500</u>	<u>COMMON</u>	<u>NO PAR VALUE</u>	
11. 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. 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.					
Name of Authorized Representative <u>[Signature]</u>			Date <u>8/02/2016</u>		
Signature of Authorized Representative <u>WEI-LI MA</u>			SIGN DOCUMENT HERE		

FILED

AUG 02 2016

STAMP