State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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SECRETARY OF STATE
CORPORATIONS DIV
2016 AUG -2 PM 3:02

Profit Corporation Annual Report for the year: 2016

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	2. Exact name of the Corporation		
47524	OCEAN PALACE INC		
3. Principal Office Address	**City**	**State**	**Zip**
140 POINT JUDITH ROAD. #39	NARRAGANSETT	RI	02882
4. Business Phone Number	**5. State of Incorporation**		
401-783-9070			

6. Brief description of the character of business conducted in Rhode Island
RESTAURANT / FOOD SERVICE

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
EUGENE J.C. - MA	WEI-LI MA
Street Address: MAILING ADD. SAME AS ABOVE	Street Address: 320 WESTMORELAND ST. D-6
City / State / Zip	City: NARRAGANSETT / State: RI / Zip: 02882
Secretary Name: WEI-LI MA	Treasurer Name
Street Address: SAME AS ABOVE	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	500	COMMON	NO PAR VALUE

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	Date
[signature]	8/02/2016
Signature of Authorized Representative: WEI-LI MA SIGN DOCUMENT HERE	

FILED
AUG 02 2016
BY 280509

STAMP

Form No. 630
Revised: 2016