



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2016**

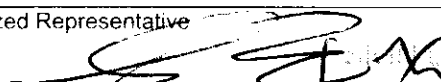
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
STATE
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2016 NOV 16 AM 9:48

1. Entity ID Number 75075		2. Exact name of the Corporation 223 Newport Avenue Corp			
3. Principal Office Address 223 Newport Avenue		City Pawtucket		State RI	Zip 02861
4. Business Phone Number: 2072405479		6. Brief description of the character of business conducted in Rhode Island Miscellaneous Retail Service			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Xuan Ping Xu			Vice-President Name Brian Xu		
Street Address 223 Newport Avenue			Street Address 223 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Yi Mei Hsu			Treasurer Name Brian Xu		
Street Address 223 Newport Avenue			Street Address 223 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Xuan Ping Xu			Director Name Brian Xu		
Street Address 223 Newport Avenue			Street Address 223 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			200 Common 0		
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 Xuan Ping Xu				Date 11/10/2016	
Signature of Authorized Representative 					

MAIL TO:


Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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By  288600

FORM 630 - Revised: 08/2016