



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.
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1. Entity ID Number 000799411		2. Exact name of the Corporation Lo's Investment Corp.			
3. Principal Office Address 39 Riverview Drive			City North Providence		State RI
					Zip 02904
4. Business Phone Number: 401-529-5383		6. Brief description of the character of business conducted in Rhode Island Restaurant Management Services			
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 Man Lam Lo			Vice-President Name None		
Street Address 39 Riverview Avenue			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name None			Treasurer Name Kin Wah Ko		
Street Address			Street Address 39 Riverview Drive		
City	State	Zip	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
		146000		Common	\$1
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 Man Lam Lo					Date 12/12/2016
Signature of Authorized Representative Man Lam Lo					

SIGN DOCUMENT HERE

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