RI SOS Filing Number: 201730421440 Date: 01/18/2017 4:00 PM

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 2017

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.	2. Exact name of the Corporation		
101054	EMK, INC		
3. Principal office address	City	State	Zip
71 COMMON ST	PROVIDENCE	RI	02908
4. Business Phone No.	5. State of Incorporation		
401-475-8213	R.I		
6. Brief description of the character of business conducted in Rhode Island			
TO OPERATE AND MANAGE FACILITIES USED AS RESTAURANTS.			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
KEE WAN YIP	VACANT
Street Address	Street Address
71 COMMON ST	
City / State / Zip	City / State / Zip
PROV / RI / 02908	
Secretary Name	Treasurer Name
KEE WAN YIP	KEE WAN YIP
Street Address	Street Address
71 COMMON ST	71 COMMON ST
City / State / Zip	City / State / Zip
PROV / RI / 02908	PROV / RI / 02908

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
KEE WAN YIP	
Street Address	Street Address
71 COMMON ST	
City / State / Zip	City / State / Zip
PROV / RI / 02908	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	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.

FILED

File Date _____

Check No JAN 18 2017

By: BY CH 2426

FOR SECRETARY OF STATE USE ONLY

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 — 1-11-2017 Date

KEE WAN YIP
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

147881-2-1154738