

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.

Entity ID Number	2. Exact nan	2. Exact name of the Corporation						
000298710	New China	New China Super Buffet Inc.						
3. Principal Office Address			City	City		Zip		
2000 Diamond Hill Road			Woonsock	et	RI	02895		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
72 - Accommodation and Fo	ood Food Servi	Food Service Restaurant, Eat In & Take Out						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and	addresses)				eck the box to ind	icate an attachment 🔝		
President Name Yue E Chen	ue E Chen			Vice-President Name				
Street Address 2000 Diamond Hill Road			Street Address					
City Woonsocket	State RI	^{Zip} 02895	City		State	Zip		
Secretary Name		Treasurer Name			<u>- , , , , , , , , , , , , , , , , , , ,</u>			
Street Address		Street Address						
City	State	Zip	City		State	Zip		
8. List ALL directors (names an	d addresses)			Ch	eck the box to ind	icate an attachment		
Director Name Yue E Chen			Director Name	e				
Street Address 2000 Diamond Hill Road			Street Address					
City Woonsocket	State RI	Zip 02895	City		State	Zip		
Director Name		·	Director Name	е				
Street Address			Street Address					
City	State	Zip	City	 	State	Zip		
9. Shares Authorized 10. Shares Is:								
This information is currently of rappartment of State.	ecord in the	NUMBER C	F SHARES			PAR VALUE		
		10000.00		STK		0.00		
Changes require an additional fil	ing.							
11. This report must be execute trustee, this report must be exe					orporation is in the	e hands of a receiver or		
Under penalty of perjury, I de	clare and affirm	that I have examin	ed this report, i	including any ac	companying sch	edules and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date			
Yue E Chen					1/26/17			
Signature of Authorized Repres	sentativer , ~		FILI	ED	L			
X VUE E	-CIHE	N sign doc	COMPANY HE	?E 2 2017				
MAIL TO:			1 60 0					

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016