



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 *payable to R.I. Department of state*

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

1. Entity ID Number 135003		2. Exact name of the Corporation MOON HOUSE RESTAURANT CORP.			
3. Principal Office Address 741 OAKLWAN AVE		City CRANSTON		State RI	Zip 02920
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island CHINESE RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JIAN X CHEN			Vice-President Name		
Street Address 12 BLAISDELL ST			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name JIAN X CHEN			Treasurer Name JIAN X CHEN		
Street Address 12 BLAISDELL ST			Street Address 12 BLAISDELL ST		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			0	NONE	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 JIAN X CHEN					Date 2-5-2017
Signature of Authorized Representative <i>Jian Chen</i>					

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 15 2017

BY

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FORM 630 - Revised: 10/2016