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	2. Exact name of the Corporation
135003	**MOON HOUSE RESTAURANT CORP.**

3. Principal Office Address	City	State	Zip
741 OAKLWAN AVE	**CRANSTON**	**RI**	**02920**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 - Retail Trade	**CHINESE RESTAURANT**
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
JIAN X CHEN	
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 ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**0**	**NONE**	**NO PAR VALUE**
Changes require an additional filing.			

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	Date
JIAN X CHEN	2-5-2017
Signature of Authorized Representative: Jian Chen	

SIGN DOCUMENT HERE

FILED

FEB 15 2017

BY 1546

MAIL TO:
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