



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.

1. Entity ID Number <u>64928</u>		2. Exact name of the Corporation <u>King Wa Restaurant Inc</u>	
3. Principal Office Address <u>156 Granite St</u>		City <u>Westerly</u>	State <u>RI</u>
		Zip <u>02891</u>	
4. NAICS Code <u>72</u>	6. Brief description of the character of business conducted in Rhode Island <u>Ownership and operation of Chinese restaurant.</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Leo C.K. Lau</u>		Vice-President Name <u>Chung Ful Lau</u>	
Street Address <u>10 Sunrise Drive</u>		Street Address <u>10 Chard St</u>	
City <u>Westerly</u>	State <u>RI</u>	City <u>Westerly</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
Secretary Name <u>Jack Chen</u>		Treasurer Name <u>Jack Chen</u>	
Street Address <u>309 South Rd.</u>		Street Address <u>309 South Rd.</u>	
City <u>Waketfield</u>	State <u>RI</u>	City <u>Waketfield</u>	State <u>RI</u>
Zip <u>02879</u>		Zip <u>02879</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>Tse Chiang Lau</u>		Director Name <u>George Chen</u>	
Street Address <u>8 Raymond St</u>		Street Address <u>408 Golden Harvest Loop</u>	
City <u>Westerly</u>	State <u>RI</u>	City <u>Cary</u>	State <u>NC</u>
Zip <u>02891</u>		Zip <u>27519</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>500</u>	<u>COMMON</u>
			<u>NONE</u>
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 <u>Jack Chen</u>		Date <u>2/25/17</u>	
Signature of Authorized Representative <u>Jack Chen</u>			

MAIL TO:

Division of Business Services

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