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	2. Exact name of the Corporation
150707	**The Lucky Chen's Corp.**

3. Principal Office Address	City	State	Zip
609 Smithfield Avenue	**Lincoln**	**RI**	**02865**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except Pul	**Operating a restaurant.**
5. State of Incorporation	
Rhode Island	

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

President Name	Street Address	City	State	Zip
Suzan Chen	**118 Massachusetts Avenue**	**Providence**	**RI**	**02905**

Vice-President Name	Street Address	City	State	Zip
Michael Chen	**118 Massachusetts Avenue**	**Providence**	**RI**	**02905**

Secretary Name	Street Address	City	State	Zip
Weimin Chen	**118 Massachusetts Avenue**	**Providence**	**RI**	**02905**

Treasurer Name	Street Address	City	State	Zip
Weimin Chen	**118 Massachusetts Avenue**	**Providence**	**RI**	**02905**

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**300**	**Common**	**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	Date
Weimin Chen, Secretary	**2/ /2017**

Signature of Authorized Representative: W. Chen

FILED
MAR 01 2017
BY 1805 DS

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: 02/2017