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State of Rhode Island Department of S)ivision		
Annual Report for the year: Corporation 2017.					
→ Filing period: January 1 - March 1					- 144 - 14 部第1 - 14 - 144
→ Filing Fee: \$50.00					مر و <u>م</u>
→ Penalty: Additional \$25.0	0 fee if form is r	not filed by April 1.			
		<u> </u>			3 600
1. Entity ID Number	7. Exact har	ne of the Corporation Way of		2005/CE 12-	R-2
3. Principal Office Address		•	City	State	Zipuro
1 373 TAUNT	LOW Y	UR.	E. DIZO	VIDENCE 127	Z 302914
4. NAICS Code	6. Brief desc	cription of the charact	er of business cond	ucted in Rhode Island	
(8)	TALC	41 26	WA AND	MAIZTIAL AIZ	75 1/05/12/1014
5. State of Incorporation		111,9100	129, 1109		.,, .
P.J.			_		
7. List ALL officers (names and	addresses)				ndicate an attachment 🔲
President Name MEN-C	HINGL	/u	Vice-President Name		
Street Address			Street Address		
City B. PROVINGALCE	State 2.7	02914	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and	d addresses)	r	· · · · · · · · · · · · · · · · · · ·	Check the box to it	ndicate an attachment 🔲
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zìp
Director Name		Director Name			
Street Address			Street Address		
City	State	Zip	City	State	Zip
			<u> </u>		<u> </u>
 Shares Authorized This information is currently of re 	cord in the	10. Shares Issu	SHARES	Check the box to if	ndicate an attachment PAR VALUE
Department of State.	cora in the				
Changes require an additional fili		500		·	0
Changes require an additional init	ııg.				
11. This report must be executed	d on behalf of the	corporation by an at	thorized represent	ative. If the corporation is in t	he hands of a receiver or
trustee, this report must be exec	cuted on behalf o	f the corporation by the	ne receiver or truste	e	
Under penalty of perjury, I ded				iding any accompanying s	chedules and
statements, and that all stater. Name of Authorized Representa		i nerein are true and	correct.	Date	
WEN-CHING		_			8-17
Signature of Authorized Representation			FIL	ED	/
1/Men	100	Sterr beder	MAD 9	2017	
MAIL TO:			MITH W	11:09	
Division of Business Services				0911616	
148 W. River Street, Providence, Rho Phone: (401) 222-3040	ode Island 02904-2	2615	BY	5110	
Website: www.sos.ri.gov					ORM 630 - Revised: 10/2016