RI SOS Filing Number: 201738943250 Date: 3/24/2017 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division

Annual Report for the year: _______

Corporation

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by April 1.

	I.a. a	- 0						
1. Entity ID Numb 505 633	2. Exact name of the							
J. Principal Office Address	KWONG SHU	IN, INC.	City			State	Zip	
293 NEWPORT AVENUE			PAWTU	ICKET		RI	02860	
4. Business Phone Number			5. State of Incorporation					
			RI					
6. Brief description of the charact	er of business condu	cted in Rhode Island	•					
RESTUARANT								
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name				Vice-President Name				
Henry Lee								
Street Address 34 Femcroft Road				Street Address				
city milton	State Z	02186	City		State		ip	
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State Z	ip	City		State	Z	ip	
8. List ALL directors (names and addresses)				Check the box to indicate an attachment				
Director Name				Director Name				
Street Address				Street Address				
City	State Z	ip	City		State	Z	ip	
9. Shares Authorized		10 Shares Issued	10. Shares Issued Check the box		to indicate an attachment			
	NUMBER OF SH	· · · · · · · · · · · · · · · · · · ·			PAR VALUE			
This information is currently of Department of State.	100					0		
Changes require an additional								
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 2 1 1 5 1 1 7				
Signature of Authorized Representative								
HENRY WOY LEE								
TIENKI MOI DEE								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

MAR 2 4 2017

BY Le 399149

FORM 630 - Revised: 05/2016