RI SOS Filing Number: 201739058520 Date: 3/28/2017 4:10:00 PM

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entitle them.

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Corporation

2017

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

2017 MAR 28 PM 4: 08

State   Stat	Entity ID Number	2. Exact nar	2. Exact name of the Corporation  Great WAII Chinese Restaurant Inc.					
240 Social Street  4. NAICS Code 17 1								
4. NAICS Code 7/ 24. Mining, Quarrying, and Oil S. State of Incorporation RI  7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Jlanqing Zheng Vice-President Name Street Address City State Zip Check the box to indicate an attachment Director Name Street Address City State Zip City State Zip City State Zip Director Name Street Address City State Zip City State Zip City State Zip City State Zip Director Name Street Address City State Zip Check the box to indicate an attachment Levense Constrained Check Check the box to indicate an attachment Levense Constrained Check	3. Principal Office Address			City	-	State	Zip	
24 - Mining, Quarrying, and Oil 5. State of Incorporation RI 7. List ALL Officers (names and addresses) City Brooklyn Street Address City Brooklyn State City Brooklyn State City State Cit	240 Social Street			Woonsocket		RI	I *	
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R1 7. List ALL officers (names and addresses) President Name Jianqing Zheng Street Address Street Address  City Brooklyn State Zip Treasurer Name Street Address City State Zip Director Name Director Name Street Address Street Address Street Address City State Zip Director Name Director Name Street Address Street Address City State Zip Director Name Director Name Director Name Street Address City State Zip Othy State Zip State Zip Othy State Zip State Zip State Street Address City State Zip Othy State Zip State Zip Othy State Zip State Zip Othy State Zip O	21 - Mining, Quarrying, an	rd-Oil Restaurant	t					
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Street Address  City State   Zip   City   State   Zip    8. List ALL directors (names and addresses)   Check the box to indicate an attachment   Director Name    Street Address   City   State   Zip   City   State   Zip    City   State   Zip   City   State   Zip    Director Name   Director Name    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   This information is currently of record in the Department of State.    10. Shares Issued   Check the box to indicate an attachment   NUMBER OF SHARES   CLASSSERIES   PAR VALUE    200   0  Changes require an additional filling.    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   Dat	Stroot Address	Street Address						
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Director Name  Street Address  City  State  Zip  City  State  Zip  Director Name  Director Name  Director Name  Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Street Address  City  State  Zip  City  State  Zip  Check the box to indicate an attachment Information is currently of record in the Department of State.  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  Jundary Table On 2 IC  Signature of Authorized Representative  Date	City	State	Zip	City	S	State	Zip	
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Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Check the box to indicate an attachment  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  Department of State.  Changes require an additional filling.  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  July Company of Authorized Representative  Date	City	State	Zip	City	S	State	Zip	
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MAIL TO:

**Division of Business Services** 

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

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

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