



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2016  
Corporation

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

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

2017 MAR 28 PM 4:08

|   |                 |  |   |                    |                     |
|---|-----------------|--|---|--------------------|---------------------|
| 1. Entity ID Number<br><b>849401</b>  |                 | 2. Exact name of the Corporation<br><b>Great WALL Chinese Restaurant Inc.</b>                    |   |                    |                     |
| 3. Principal Office Address<br><b>240 Social Street</b>   |                 |  | City<br><b>Woonsocket</b>   | State<br><b>RI</b> | Zip<br><b>02895</b> |
| 4. NAICS Code <b>71</b><br><b>21 - Mining, Quarrying, and Oil</b>   |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>Restaurant</b> |   |                    |                     |
| 5. State of Incorporation<br><b>RI</b>  |                 |  |   |                    |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |  |   |                    |                     |
| President Name <b>Jianqing Zheng</b>  |                 |  | Vice-President Name   |                    |                     |
| Street Address <b>723 53rd St., 2R</b>  |                 |  | Street Address  |                    |                     |
| City <b>Brooklyn</b>  | State <b>NY</b> | Zip <b>11220</b>   | City  | State              | Zip                 |
| Secretary Name  |                 |  | Treasurer Name  |                    |                     |
| Street Address  |                 |  | Street Address  |                    |                     |
| City  | State           | Zip  | City  | State              | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |   |                    |                     |
| Director Name   |                 |  | Director Name   |                    |                     |
| Street Address  |                 |  | 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<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.  |                 |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                     |
|   |                 |  | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE           |
|   |                 |  | <b>200</b>  |                    | <b>0</b>            |
|   |                 |  |   |                    |                     |
| 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.<br>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<br><b>Jianqing Zheng</b>  |                 |  | Date <b>3/28/2017</b>   |                    |                     |
| Signature of Authorized Representative<br><b>ZHENG JIAN QING</b>  |                 |  | <b>MAR 28 2017</b>  |                    |                     |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

 BY Ch 299518  
 4:09