



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

Annual Report for the year:
Corporation

2017

→ 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 107030		2. Exact name of the Corporation Red Ginger, Incorporated	
3. Principal Office Address 560 Killingly Street		City Johnston	State RI
4. NAICS Code 72		6. Brief description of the character of business conducted in Rhode Island To own, conduct, operate, maintain, and carry on the business of tavern and restaurant	
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Xiao Li Ng		Vice-President Name None	
Street Address 20 Apple Tree Lane		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	
Secretary Name Kwan Shung Ng		Treasurer Name None	
Street Address 20 Apple Tree Lane		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Xiao Li Ng		Director Name Kwan Shung Ng	
Street Address 20 Apple Tree Lane		Street Address 20 Apple Tree Lane	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		400	COMMON
			NO PAR
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 Xiao Li Ng		Date 3/5/17	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

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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MAR 31 2017

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