



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

**Annual Report for the year: 2017**

**Corporation**

- 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<br><b>1659937</b>  |  | 2. Exact name of the Corporation<br><b>LIN HIU ENTERPRISES INC</b> |   |                    |                     |              |             |
| 3. Principal Office Address<br><b>33 MILFORD STREET</b>  |  | City<br><b>CRANSTON</b>  |   | State<br><b>RI</b> | Zip<br><b>02910</b> |              |             |
| 4. NAICS Code<br><b>81 - Other Services (except Put</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>PERSONAL SHOPPER</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>FU JIN YE</b>  |  |  | Vice-President Name   |                    |                     |              |             |
| Street Address <b>33 MILFORD STREET</b>  |  |  | Street Address  |                    |                     |              |             |
| City <b>CRANSTON</b>   | State <b>RI</b>  | Zip <b>02910</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   |  |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                     |              |             |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |  |  | NUMBER OF SHARES  |                    |                     | CLASS/SERIES | PAR VALUE   |
|  |  |  | <b>0</b>  |                    |                     |              | <b>1.00</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><b>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.</b> |  |  |   |                    |                     |              |             |
| Name of Authorized Representative  |  |  |   |                    | Date                |              |             |
| Signature of Authorized Representative<br><b>@ Fu Jin Ye</b>   |  |  |   |                    |                     |              |             |
| 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

**FILED**

**APR 03 2017**

FORM 630 - Revised: 02/2017

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