



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2017

→ 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 <u>000000295</u>		2. Exact name of the Corporation <u>LAU ENTERPRISES INC</u>			
3. Principal Office Address <u>363 MAIN ST</u>			City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
4. NAICS Code <u>71</u>		6. Brief description of the character of business conducted in Rhode Island <u>OPERATE RETAIL RESTAURANT</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>CHUNG HING LAU</u>			Vice-President Name <u>WONK LAU</u>		
Street Address <u>38 MCPARTLAND WAY</u>			Street Address <u>38 MCPARTLAND WAY</u>		
City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		<u>800</u>		<u>0</u>	
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 <u>Chung Hing Lau</u>					Date <u>4.4.17</u>
Signature of Authorized Representative <u>[Signature]</u>					
SIGN DOCUMENT HERE APR 04 2017					

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 306135