



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

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 BUS SVCS DIV
 2017 JUL 10 PM 2:06

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 521685		2. Exact name of the Corporation Rhode Island KingFu & Lion Dance Club	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island -foster positive character traits & enhance health of Rvd-area Youth	
4. NAICS Code 624110			
6. Principal Office Address 193 Morris Ave		City Prvd	State RI
		Zip 02906	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Luyi Shao		Vice-President Name	
Street Address 193 Morris Ave		Street Address	
City Prvd	State RI	City	State
Zip 02906		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Jennifer Lane		Director Name Charles Meadows	
Street Address 193 Morris Ave		Street Address 3615 S Taylor St.	
City Prvd	State RI	City Arlington	State VA
Zip 02906		Zip 22206	
Director Name Penelope Lane		Director Name	
Street Address 20 Bridge Rd.		Street Address	
City Northampton	State MA	City	State
Zip 01060		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Luyi Shao		Date 7/10/17	
Signature of Officer/Authorized Representative <i>Luyi Shao</i>		FILED	

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

JUL 10 2017

BY *CH* 17260302 FORM 631 - Revised: 06/2017