



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
(401) 222-3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>135003</b>		2. Name of Corporation <b>Moon House Restaurant Corp.</b>		
3. Street Address Principal Business Office <b>741 Oaklawn Ave.</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>401-942-1705</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>3079</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RESTAURANT</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Jian x Chen</b>		Vice President Name <b>Xie Qiu Li</b>		
Street Address <b>12 Blaisdell st.</b>		Street Address <b>16 Wall Spring Dr</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>
Secretary Name <b>Chen K S Ng</b>		Treasurer Name <b>SAME AS PRES.</b>		
Street Address <b>166 Orchard st.</b>		Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>Jian x Chen</b>		Director Name		
Street Address <b>12 Blaisdell st.</b>		Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series
<b>8,000 NO PAR VALUE</b>		<b>NONE</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	<b>1/20/05</b>
Check No.	<b>261</b>
By:	<b>DA</b>
FOR SECRETARY OF STATE USE ONLY	

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.

**Jian x Chen**  
Signature of Officer  
**Jian x Chen**  
Print or Type Name of Officer  
**President**  
Title of Officer



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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 135003 2. Name of Corporation Moon House Restaurant Corp.  
3. Street Address Principal Business Office 741 Oak Lawn Ave. City CRANSTON State RI Zip 02920  
4. Business Phone No. 401-942-1705 5. State of Incorporation RI 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island Serve Chinese food

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Jian X. Chen Vice President Name Ming Lai Chen  
Street Address 12 Blaisdell st. Street Address 877 Bay Ridge Ave  
City Cranston State RI Zip 02910 City New York State NY Zip 11220  
Secretary Name SAME AS President Treasurer Name Xie Qiu Li  
Street Address 877 Bay Ridge Ave.  
City New York State NY Zip 11220

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Jian X. Chen Director Name Ming Lai Chen  
Street Address 12 Blaisdell st. Street Address 877 Bay Ridge Ave  
City Cranston State RI Zip 02910 City New York State NY Zip 11220  
Director Name Xie Qiu Li Director Name  
Street Address 877 Bay Ridge Ave Street Address  
City New York State NY Zip 11220 City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES  
Number of Shares 8000 Class Series No Par Value Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES  
Number of Shares NONE Class Series Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date 5/20/04  
Check No. 137  
By: W.

FOR SECRETARY OF STATE USE ONLY

Signature of Officer Jian X. Chen Date 5-15-04  
Print or Type Name of Officer Jian X. Chen  
Title of Officer President

Form 630 12/01



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**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>135003</b>		2. Name of Corporation <b>Moon House Restaurant Corp.</b>		
3. Street Address Principal Business Office <b>741 Oaklawn Ave.</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>401-942-1705</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RESTAURANT</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Jian X. Chen</b>		Vice President Name <b>SAME AS Pres.</b>		
Street Address <b>12 Blaisdell St.</b>		Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State
Secretary Name <b>SAME AS Pres.</b>		Treasurer Name <b>Xie Qiu Li</b>		
Street Address		Street Address <b>877 Bay Ridge Ave</b>		
City	State	Zip	City <b>Brooklyn</b>	State <b>NY</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>SAME AS Pres.</b>		Director Name <b>Xie Qiu Li</b>		
Street Address		Street Address <b>877 Bay Ridge Ave</b>		
City	State	Zip	City <b>Brooklyn</b>	State <b>NY</b>
Director Name <b>Hai Teng Chen</b>		Director Name		
Street Address <b>877 Bay Ridge Ave</b>		Street Address		
City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11220</b>	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES <b>8000</b>		ISSUED SHARES <b>NONE</b>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>8,000 NO PAR VALUE</b>				

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 3 5 0 0 3 \*

File Date **2/26/04**  
Check No. **110**  
By: **18.**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

**Jian X. Chen**

Print or Type Name of Officer

**President**

Title of Officer