



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

AMENDED ANNUAL REPORT

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. 35003		2. Name of Corporation Moon House Restaurant Corporation			
3. Street Address Principal Business Office 741 Oaklawn Avenue, Cranston,			City Cranston	State RI	Zip 02920
4. Business Phone No. 401 942 1705		5. State of Incorporation Rhode Island			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island restaurant					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jian X. Chen 12 Blaisdell St., Cranston			Vice President Name n/a		
Street Address Cranston			Street Address n/a		
City Cranston	State RI	Zip 02920	City n/a	State n/a	Zip n/a
Secretary Name Jian X. Chen			Treasurer Name Xie Qiu Li		
Street Address same as above			Street Address 877 Bay Ridge Ave. #6 Floor		
City Cranston	State RI	Zip 02920	City New York City	State NY	Zip 11220
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jian X. Chen			Director Name Cheuk S. Ng		
Street Address same as above			Street Address 166 Orchard Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Xie Qiu Li			Director Name n/a		
Street Address same as above			Street Address n/a		
City Cranston	State RI	Zip 02910	City n/a	State n/a	Zip n/a
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	Par Value
8000	only one class no par		300		No Par Value

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

File Date: 1/8/04

Check No. _____

By: *[Signature]*

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.

X *[Signature]*
Signature of Officer: Jian X. Chen, president

Print or Type Name of Officer: president

Title of Officer: president