



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

Annual Report for the year: **2018**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
SECRETARY OF STATE  
CORPORATION DIV.  
2017 DEC 22 PM 1:26  
USE ONLY

1 Entity ID Number <b>001658683</b>		2 Exact name of the Corporation <b>GOLDEN JADE INC.</b>			
3 Principal Office Address <b>120 FORTIN RD</b>			City <b>KINGSTON</b>	State <b>RI</b>	Zip <b>02881</b>
4 NAICS Code <b>722511</b>	6 Brief description of the character of business conducted in Rhode Island <b>RESTAURANT</b>				
5 State of Incorporation <b>RHODE ISLAND</b>					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>XIU YU CAI</b>			Vice-President Name		
Street Address <b>120 FORTIN RD</b>			Street Address		
City <b>KINGSTON</b>	State <b>RI</b>	Zip <b>02881</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)					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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>200</b>	<b>CNP</b>	<b>NO PAR VALUE (0)</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.					
<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 <b>XIU YU CAI</b>					Date <b>12/13/2017</b>
Signature of Authorized Representative <b>X</b> <i>Xiu Yu Cai</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

DEC 22 2017  
BY *320473*

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FORM 630 - Revised: 10/2017