



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

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 SECRETARY OF STATE  
 CORPORATION DIVISION  
 2017 DEC 22 PM 1:26

**Annual Report for the year: 2017**

**Corporation**

- 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 <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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		CNP
			PAR VALUE		NO PAR VALUE (0)
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. <i>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>					
Name of Authorized Representative <b>XIU YU CAI</b>				Date <b>12/13/2017</b>	
Signature of Authorized Representative X <i>Xiu Yu Cai</i>			SEND DOCUMENT TO RI <b>FILED</b> DEC 22 2017 1:27 BY <i>320473</i>		

MAIL TO:  
 Division of Business Services  
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