



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 001658683 | | 2. Exact name of the Corporation GOLDEN JADE INC. | | | |
| 3. Principal Office Address 120 FORTIN RD | | City KINGSTON | | State RI | Zip 02881 |
| 4. NAICS Code 722511 | | 6. Brief description of the character of business conducted in Rhode Island RESTAURANT | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name XIU YU CAI | | | Vice-President Name | | |
| Street Address 120 FORTIN RD | | | Street Address | | |
| City KINGSTON | State RI | Zip 02881 | 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 Check the box to indicate an attachment <input type="checkbox"/> | | |
| 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 XIU YU CAI | | | | Date 12/13/2017 | |
| Signature of Authorized Representative X <i>Xiu Yu Cai</i> | | | | | |

SPIN DOCUMENT ID: 1131

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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