STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation			
22921	JADE ISLAND			
3. Principal office address		City	State	Zip
292 RESERVOIR AVE		PROVIDENCE	RI	02907
4. Business Phone No.		5. State of Incorporation		
401-461-2060		RI		

6. Brief description of the character of business conducted in Rhode Island
TAK OUT RESTAURANT 722511

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐					
President Name			Vice-President Name		
SEE WAY LAU			NONE		
Street Address			Street Address		
19 FIRGLADE DR					
City	State	Zip	City	State	Zip
CRANSTON	RI	02920			
Secretary Name			Treasurer Name		
SUSANNA LAU					
Street Address			Street Address		
19 FIRGLADE DR					
City	State	Zip	City	State	Zip
CRANSTON	RI	02920			

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐					
Director Name			Director Name		
NONE			NONE		
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 (X) BOX FOR ATTACHMENT ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1000	NONE	NONE

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.

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 Authorized Representative — Date 1/20/18

SEE W LAU
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date
Check No.
By

FILED
JAN 18 2018
B 4743 QS

Form No. 630
Revised: 01/2012