

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Corporation

2018

RECEIVED SECRETARY OF STATE CORPORATIONS: DIVINGE

2018 FEB 21 AM 10: 49

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

7 Frially: Additionar 32.		TOT THE UT APITE I.				
Entity ID Number	2. Exact nar	me of the Corporatio	in .			
00/660621	1/1/0	.1 China	INC.			
3. Principal Office Address			City	State	Zip	
656 Bulloc	Ks point	- Ave	Riverside		02915	
4. NAICS Code	6.∤Brief desc	cription of the charac	cter of business conducted in	n Rhode Island		
722513	•	<b>すし、</b> 、	t restaurant			
5. State of Incorporation		lake ou	trestaurant			
7. List ALL officers (names a	nd addresses)			Check the box to indic	ate an attachment 🔲	
President Name Kam Mei Jam			Vice-President Name			
Street Address 656 Bullocks point AVE			Street Address			
City RIVERSide	State	02915	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
Ĉity	State	Zip	City	State	Zip	
8. List ALL directors (names a	and addresses)	•	······································	Check the box to indic	ate an attachment	
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.		10. Shares Iss	s Issued Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF	F SHARES C	CLASS/SERIES PAR VALUE		
		20	0		0	
Changes require an additional	filing.					
11. This report must be executrustee, this report must be ex	ited on behalf of the	corporation by an a	authorized representative. If	the corporation is in the I	hands of a receiver or	
Under penalty of perjury, I d	feclare and affirm	that I have examin	ed this report, including ar	ny accompanying sche	dules and	
statements, and that all sta Name of Authorized Represer		i nerem are true an	u correct.	Date	<del></del>	
Xam)	nei Car	n	FILED	2-2	21-18	
Signature of Authorized Repre	esentative	SIGN DO	OUMENT HERE		,	
		-	FEB 2.1 2018			

MAIL TO: V

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY\_001 3247

FORM 630 - Revised: 10/2017