RI SOS Filing Number: 201859232590 Date: 2/26/2018 4:00:00 PM

(83)
And G

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

	FEB 26 2018 - 1811
BY.	25196
	$\overline{}$

→ Penalty: Additional \$2:			n		_			
55299		2. Exact name of the Corporation LUCKY HOUSE RESTAURANT, INC.						
3. Principal Office Address			City		State	Zip		
32 MAIN STREET			ASHAWAY	1	RI	02804		
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island						
722511	OWNERSH	OWNERSHIP AND OPERATION OF A CHINESE RESTAURANT						
5. State of Incorporation								
RHODE ISLAND								
7. List ALL officers (names a	nd addresses)			Che	ck the box to it	ndicate an attachment		
President Name DANNY JING RU ZENG			Vice-President Name BRIEN BAI RU ZENG					
Street Address 4 MILROSE A	Street Address 21 RAYMOND STREET							
City WESTERLY	State RI	^{Zip} 02891	City WESTE		State RI	Zip 02891		
Secretary Name DANNY JING RU ZENG			Treasurer Name RAYMOND SOI U ZENG					
Street Address 4 MILROSE AVENUE			Street Address 168 POST ROAD					
City WESTERLY	State RI	^{Zip} 02891	City WESTERLY		State RI	^{Zip} 02891		
8. List ALL directors (names	and addresses)	•		Che	ck the box to i	ndicate an attachment 🗆		
Director Name DANNY JING RU ZENG			Director Name BRIEN BAI RU ZENG					
Street Address 4 MILROSE AVENUE			Street Address 21 RAYMOND STREET					
City WESTERLY	State RI	^{Zip} 02891	City WESTERLY		State RI	Zip 02891		
Director Name RAYMOND SOI U ZENG			Director Name					
Street Address 168 POST ROAD			Street Address					
City WESTERLY	State RI	^{Zip} 02891	City		State	Zip		
9. Shares Authorized 10. Shar		10. Shares Iss						
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		ASS/SERIES PAR VALUE			
		300		COMMON		NO PAR VALUE		
44 -		<u> L</u>	······································	<u> </u>	···········			
 This report must be executivatee, this report must be executivated. 					rporation is in t	the hands of a receiver or		
Under penalty of perjury, I	declare and affirm (that I have examin	ed this report,		ompanying s	chedules and		
statements, and that all sta		herein are true ar	nd correct.		IDeta			
Name of Authorized Represe	/ /	,			Date	7710		
/_///////////////////////////////					، کتر	22.18		
Signature of Authorized Refo	Sentative	SiGN DO	CUMENT HEP	г				

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

Phone: (401) 222-3040 Website: www.sos.ri.gov