State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 26 2018 - 11'

BY 25196

Annual Report for the year: 2018

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		2. Exact name of the Corporation LUCKY HOUSE RESTAURANT, INC.					
55299	LUCKT	1003E REST	AUKANI, II	NC.			
Principal Office Address			City		State	Zip	
32 MAIN STREET			ASHAWAY	Y	RI	02804	
4. NAICS Code	6. Brief descr	ription of the charac	cter of business	conducted in Rhode	Island	•	
722511	OWNERSH	NERSHIP AND OPERATION OF A CHINESE RESTAURANT					
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names ar	ad addraseas)		•	Chaol	the boy to	indicate an attachment	
President Name DANNY JING	Vice-President Name BRIEN BAI RU ZENG						
Street Address 4 MILROSE A	Street Address 21 RAYMOND STREET						
City WESTERLY	State RI	^{Zip} 02891			State RI	^{Ζιρ} 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 a	and addresses)	•	•	Checl	k the box to	indicate 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 028		
Director Name RAYMOND SC	OI U ZENG	<u> </u>	Director Nam	ne			
Street Address 168 POST RO			Street Addre	ss			
City WESTERLY	State RI	^{Zip} 02891	City		State	Zip	
9. Shares Authorized	.	10. Shares Is:	sued	Check	k the box to	indicate an attachment	
This information is currently o)F SHARES			PAR VALUE	
epartment of State. changes require an additional filing.		300		COMMON	COMMON NO P		
	·····'9•						
11. This report must be execu	ited on behalf of the	corporation by an	authorized repre	esentative. If the corp	oration is in	the hands of a receiver	
rustee, this report must be e	xecuted on behalf of	the corporation by	the receiver or	trustee.			
Under penalty of perjury, I				including any acco	mpanying s	chedules and	
statements, and that all sta	tements contained	herein are true a	nd correct.		16		
Name of Authorized Represe		Date		7710			
DANNY JING RUZENG, P		2.22.18					
Signature of Authorized Repo	6sentative						
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MAIL TO

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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