RI SOS Filing Number: 201859397820 Date: 2/28/2018 4:00:00 PM

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state of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

STAMP

Corporation

→ Filing period: January 1 - March 1

Filing Fee: \$50.00

Penalty: Additional \$25.00		<u> </u>						
1. Entity ID Number 795574	2. Exact name of the Corporation House of Wu & Chen Realty, Inc.							
3. Principal Office Address 52 Providence Street		City West Warwi	City West Warwick		Zip 02893			
4. NAICS Code 531311	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) President Name Dian D. Mai			Check the box to indicate an attachment Vice-President Name Zi Chen					
Street Address 52 Providence Street			Street Address	Street Address 52 Providence Street				
City West Warwick	State RI	^{Zıp} 02893	City	West Warwick	State RI	^{Zip} 02893		
Secretary Name Dian D. Mai	an D. Mai			Treasurer Name Dian D. Mai				
Street Address 52 Providence Street			Street Address	Street Address 52 Providence Street				
City West Warwick	State RI	Zip 02893	City	West Warwick	State RI	^{Zip} 02893		
8 List ALL directors (names and	addresses)			Check th	he box to inc	dicate an attachment		
Director Name Dian D. Mai			Director Name	Director Name Zi Chen				
Street Address 52 Providence Street			Street Address	Street Address 52 Providence Street				
City West Warwick	State RI	Zip 02893	City	West Warwick	State RI	^{Zip} 02893		
Director Name	•		Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	sued	Check th	ne box to inc	dicate an attachment 🔲		
This information is currently of record in the Department of State.		NUMBER 0 200	F SHARES	CLASS/SERIES Common N/A		\$0.01 Par Value		
Changes require an additional filin	ng.							
11. This report must be executed		•		•	ation is in th	e hands of a receiver or		
trustee, this report must be executioned the control of the contro	lare and affirm t	that I have examin	ed this report, i		panying scl	hedules and		
statements, and that all statements, and that all statements and that all statements are statements.		nerein are true ar	ia correct.		Date	•		
Dian D. Mai, President					2/26/18			
Signature of Authorized Represe	entative	SIGN DO	CUMENT HERE		•			
<u> </u>								

MAIL TO:

Division of Business Services

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

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

FORM 630 - Revised: 10/2017