



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

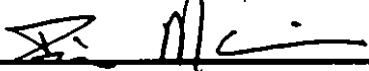
Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STAMP

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 Warwick		State RI	Zip 02893
4. NAICS Code 531311		6. 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) Check the box to indicate an attachment ☐					
President Name Dian D. Mai			Vice-President Name Zi Chen		
Street Address 52 Providence Street			Street Address 52 Providence Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Dian D. Mai			Treasurer Name Dian D. Mai		
Street Address 52 Providence Street			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 the box to indicate an attachment ☐					
Director Name Dian D. Mai			Director Name Zi Chen		
Street Address 52 Providence Street			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 Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		Common N/A		\$0.01 Par Value	
Changes require an additional filing.					
11. 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.					
Name of Authorized Representative Dian D. Mai, President					Date 2/26/18
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FEB 28 2018

FORM 630 - Revised: 10/2017

BY

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