RI SOS Filing Number: 201859516870 Date: 2/28/2018 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation			
001267355	**Mai Tai I, Inc.**			
3. Principal Office Address		City	State	Zip
856 Tiogue Ave		**Covenrty**	**RI**	**02816**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
72 - Accommodation and Food	**Operate Restaurant**			
5. State of Incorporation				
Rhode Island	**(401) 345-6111** 722511			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Ngar Chun Lew			**Ngar Chun Lew**		
Street Address			Street Address		
856 Tiogue Avenue			**856 Tiogue Avenue**		
City / State / Zip			City / State / Zip		
Coventry	**RI**	**02816**	**Coventry**	**RI**	**02816**
Secretary Name			Treasurer Name		
Same			**Same**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
None			**None**		
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. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**100**		**.010**
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	Date
Ngar Chun Lew	2/22/18
Signature of Authorized Representative	
SIGN DOCUMENT HERE	FILED
	FEB 28 2018
	BY 168466 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016