



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

FOR

- 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 791003		2. Exact name of the Corporation YAMA FUJI, INC.			
3. Principal Office Address 900 VICTORY HWY, UNIT 3			City NORTH SMITHFIELD	State RI	Zip 02896
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JIN XIANG YANG			Vice-President Name YUE HUA CHEN		
Street Address 216 GREENE ST APT. 3L			Street Address 900 VICTORY HWY #3		
City N SMITHFIELD	State RI	Zip 02896	City SLATERSVILLE	State RI	Zip 02896
Secretary Name			Treasurer Name MIN CHUN SUN		
Street Address			Street Address 5 VALLEY ROAD		
City	State	Zip	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
*1 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 MIN CHUN SUN					Date 2/24/2018
Signature of Authorized Representative <i>Min Chun Sun</i>					

SIGN DOCUMENT HERE

FILED

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

FEB 28 2018

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