State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP
FOR

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		
791003	YAMA FUJI, INC.		
3. Principal Office Address	City	State	Zip
900 VICTORY HWY, UNIT 3	NORTH SMITHFIELD	RI	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0		0

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
MIN CHUN SUN	2/24/2018

Signature of Authorized Representative: (X) Min Chun Sun — SIGN DOCUMENT HERE

FILED
FEB 28 2018
BY 12211

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: 10/2017