RI SOS Filing Number: 201859582000 Date: 3/1/2018 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.

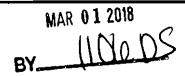
1 Entity ID Number 437664	2. Exact name of the Corporation YOUNG LAU REAL ESTATE COMPANY					
3. Principal Office Address 1172 MAIN STREET			City RICHMOND	State RI		Žip 02898
4. NAICS Code	6. Brief descrip	otion of the charact	ter of business c	onducted in Rhode Isla	and	
531390	ALL TRANSACTIONS RELATED TO PURCHASE, SALE AND OWNERSHIP OF REAL ESTATE AND					
5 State of Incorporation	FOR ALL LAWFUL PURPOSES					
RHODE ISLAND						
7. List ALL officers (names and add	resses)			Check th	ne box to in	dicate an attachment
President Name YING CHONG YOUNG			Vice-President Name LU BIN WU			
Street Address 14 SUNRISE DRIVE	Street Address 19A SUNRISE DRIVE					
City WESTERLY	State RI	<sup>Zip</sup> 02891	City WESTERLY		State RI	<sup>Zip</sup> 02891
Secretary Name JIN YANG YU			Treasurer Name SAU SHEUNG LAU			
Street Address 19B SUNRISE DRIVE			Street Address 10 SUNRISE DRIVE			
City WESTERLY	State RI	<sup>Zip</sup> 02891	City WESTERLY		State RI	<sup>Ζiρ</sup> 02891
8. List ALL directors (names and addresses)  Check the box to indicate an attachment						
Director Name YING CHONG YOUNG			Director Name SAU SHEUNG LAU			
Street Address 14 SUNRISE DRIVE			Street Address 10 SUNRISE DRIVE			
City WESTERLY	State RI	<sup>Zip</sup> 02891	City WESTERLY		State RI	Zip 02891
Director Name JIN YANG YU			Director Name LU BIN WU			
Street Address 198 SUNRISE DRIVE			Street Address 19A SUNRISE DRVE			
Crty WESTERLY	Slate RI	<sup>Z<sub>1</sub>p</sup> 02891	City WESTE	RLY	State RI	<sup>Zip</sup> 02891
Shares Authorized 10. Shares Is:						
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASSISERIES		NO PAR VALUE
Changes require an additional filing.		· · · · · · ·	·	,		
11 This report must be executed or	n behalf of the	corporation by an a	authorized repres	I sentative. If the corpora	ation is in t	he 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						,
YING CHONG YOUNG, PRESIDENT					2/27/18	
Signature of Authorized Representative  Ying Chony Young SIGN DOCLETTERS						

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