

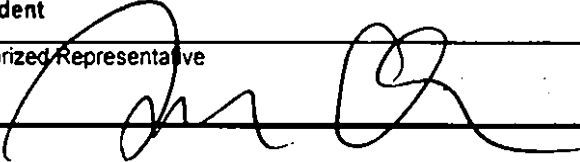


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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<br><b>526507</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | 2. Exact name of the Corporation<br><b>The Lucky Chen's Corp. No. 2</b>                                               |                                                |                                                   |                     |
| 3. Principal Office Address<br><b>614 Smithfield Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | City<br><b>Lincoln</b>                                                                                                |                                                | State<br><b>RI</b>                                | Zip<br><b>02865</b> |
| 4. NAICS Code<br><b>722513</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. Brief description of the character of business conducted in Rhode Island<br><b>Operating a restaurant.</b> |                                                                                                                       |                                                |                                                   |                     |
| 5. State of Incorporation<br><b>Rhode Island</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                       |                                                |                                                   |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                       |                                                |                                                   |                     |
| President Name <b>Jing Chen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                       | Vice-President Name <b>Jing Chen</b>           |                                                   |                     |
| Street Address <b>614 Smithfield Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                                                       | Street Address <b>614 Smithfield Avenue</b>    |                                                   |                     |
| City <b>Lincoln</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | State <b>RI</b>                                                                                               | Zip <b>02865</b>                                                                                                      | City <b>Lincoln</b>                            | State <b>RI</b>                                   | Zip <b>02865</b>    |
| Secretary Name <b>Weimin Chen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                                                       | Treasurer Name <b>Weimin Chen</b>              |                                                   |                     |
| Street Address <b>118 Massachusetts Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                       | Street Address <b>118 Massachusetts Avenue</b> |                                                   |                     |
| City <b>Providence</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | State <b>RI</b>                                                                                               | Zip <b>02905</b>                                                                                                      | City <b>Providence</b>                         | State <b>RI</b>                                   | Zip <b>02905</b>    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                       |                                                |                                                   |                     |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                       |                                                |                                                   |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                                                |                                                   |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | NUMBER OF SHARES                                                                                                      |                                                | CLASS/SERIES                                      |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | PAR VALUE                                                                                                             |                                                |                                                   |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | <b>200</b>                                                                                                            | <b>Common</b>                                  | <b>No Par Value</b>                               |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                       |                                                |                                                   |                     |
| 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.<br><b>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.</b> |                                                                                                               |                                                                                                                       |                                                |                                                   |                     |
| Name of Authorized Representative<br><b>Jing Chen, President</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                       |                                                | Date<br><b>February 28, 2018</b>                  |                     |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                                                       |                                                | <b>FILED</b><br><b>MAR 05 2018</b><br><b>2509</b> |                     |

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