



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 <u>1667491</u>		2. Exact name of the Corporation <u>Ace Providence Food Inc</u>		
3. Principal Office Address <u>1 Providence Pl</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
4. NAICS Code <u>722513</u>		6. Brief description of the character of business conducted in Rhode Island <u>QSR in the food court in the mall</u>		
5. State of Incorporation <u>RI</u>				

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name <u>Lun Lun Liu</u>		Vice-President Name		
Street Address <u>8794 19th Ave, 2nd FL</u>		Street Address		
City <u>Brooklyn</u>	State <u>NY</u>	Zip <u>11214</u>	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State

9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASSIFICATIONS	PAR VALUE
		<u>0</u>		<u>\$0.01</u>

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 <u>Lun Liu</u>	Date <u>04/30/18</u>
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Signature of Authorized Representative <u>[Signature]</u>
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