



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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 OCT - 1 PM 12:46

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 001663942		2. Exact name of the Corporation GRS Providence Inc.	
3. Principal Office Address 326 Westminster St		City Providence	State RI
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island restaurant	
5. State of Incorporation DE			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dihua Tong		Vice-President Name Dihua Tong	
Street Address 84 Winthrop St		Street Address 84 Winthrop St	
City Cambridge	State MA	City Cambridge	State MA
Zip 02139		Zip 02139	
Secretary Name Rosamond Lu		Treasurer Name Rosamond Lu	
Street Address 1320 Canton Ave		Street Address 1320 Canton Ave	
City Milton	State MA	City Milton	State MA
Zip 02186		Zip 02186	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Dihua Tong		Director Name Yonghui Mao	
Street Address 84 Winthrop St		Street Address 84 Winthrop St	
City Cambridge	State MA	City Cambridge	State MA
Zip 02139		Zip 02139	
Director Name Rosamond Lu		Director Name	
Street Address 1320 Canton Ave		Street Address	
City Milton	State MA	City	State
Zip 02186		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		0	0
			PAR VALUE
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 Rosamond Lu		Date 10/1/18	
Signature of Authorized Representative <i>[Signature]</i>		FILED	
		OCT 01 2018	

MAIL TO:
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Website: www.sos.ri.gov

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BY **9054253**