



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 OCT - 1 PM 12:48

1. Entity ID Number <u>001662761</u>		2. Exact name of the Corporation <u>G R S Management Inc.</u>	
3. Principal Office Address <u>84 Winthrop St</u>		City <u>Cambridge</u>	State <u>MA</u>
		Zip <u>02138</u>	
4. NAICS Code <u>722511</u>	5. Brief description of the character of business conducted in Rhode Island <u>Restaurant Management</u>		
5. State of Incorporation <u>DE</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Dihua Tong</u>		Vice-President Name <u>Dihua Tong</u>	
Street Address <u>84 Winthrop St</u>		Street Address <u>84 Winthrop St</u>	
City <u>Cambridge</u>	State <u>MA</u>	City <u>Cambridge</u>	State <u>MA</u>
Zip <u>02138</u>		Zip <u>02138</u>	
Secretary Name <u>Rosamond Lu</u>		Treasurer Name <u>Rosamond Lu</u>	
Street Address <u>1320 Canton Ave</u>		Street Address <u>1320 Canton Ave</u>	
City <u>Milton</u>	State <u>MA</u>	City <u>Milton</u>	State <u>MA</u>
Zip <u>02186</u>		Zip <u>02186</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Dihua Tong</u>		Director Name <u>Yong hai Mao</u>	
Street Address <u>84 Winthrop St</u>		Street Address <u>84 Winthrop St</u>	
City <u>Cambridge</u>	State <u>MA</u>	City <u>Cambridge</u>	State <u>MA</u>
Zip <u>02138</u>		Zip <u>02138</u>	
Director Name <u>Rosamond Lu</u>		Director Name	
Street Address <u>1320 Canton Ave</u>		Street Address	
City <u>Milton</u>	State <u>MA</u>	City	State
Zip <u>02186</u>		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	
		PAR VALUE	
		<u>0</u>	
		<u>0</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>Rosamond Lu</u>		Date <u>10/1/18</u>	
Signature of Authorized Representative <u>[Signature]</u>		FILED OCT 01 2018 <u>12:46</u> By <u>9054253</u>	