



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 12:16

1. Entity ID Number 001102090		2. Exact name of the Corporation GQS Bar Inc	
3. Principal Office Address 84 Winthrop St		City Cambridge	State MA
		Zip 02138	
4. NAICS Code 722511	5. 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 Qihua Tong		Vice-President Name Qihua Tong	
Street Address 84 Winthrop St		Street Address 84 Winthrop St	
City Cambridge	State MA	Zip 02138	City Cambridge
State MA	Zip 02138	City Cambridge	State MA
City Cambridge	State MA	Zip 02138	City Cambridge
Secretary Name Rosamond Lu		Treasurer Name Rosamond Lu	
Street Address 1320 Canton Ave		Street Address 1320 Canton Ave	
City Milton	State MA	Zip 02186	City Milton
State MA	Zip 02186	City Milton	State MA
City Milton	State MA	Zip 02186	City Milton
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Qihua Tong		Director Name Yonghui Mao	
Street Address 84 Winthrop St		Street Address 84 Winthrop St	
City Cambridge	State MA	Zip 02138	City Cambridge
State MA	Zip 02138	City Cambridge	State MA
City Cambridge	State MA	Zip 02138	City Cambridge
Director Name Rosamond Lu		Director Name	
Street Address 1320 Canton Ave		Street Address	
City Milton	State MA	Zip 02186	City
State MA	Zip 02186	City	State
City	State	Zip	City
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 0	CLASS/SERIES 0
			PAR VALUE 0
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>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
OCT 01 2018
BY **054253**