



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

Annual Report for the year: 2019
 Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2018 DEC 17 PM 2:39

- 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 000794487 | | 2. Exact name of the Corporation YAMA FUJI II | | | |
| 3. Principal Office Address 1080 Willett Ave. #5 | | | City East Providence | State R.I. | Zip 02915 |
| 4. NAICS Code 722511 | | 5. Brief description of the character of business conducted in Rhode Island full service | | | |
| 6. State of Incorporation R.I. | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/> | | | | | |
| President Name Rong Guo | | | Vice-President Name Xiu Jia zhang | | |
| Street Address 700 County Rd | | | Street Address 700 County Rd | | |
| City Barrington | State R.I. | Zip 02806 | City Barrington | State R.I. | Zip 02806 |
| Secretary Name Shun Guo | | | Treasurer Name | | |
| Street Address 700 County Rd | | | Street Address | | |
| City Barrington | State R.I. | Zip 02806 | City | State | Zip |
| 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 | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 | | |
| | | | CLASS/SERIES | | |
| | | | 1000 | | |
| | | | | \$0.0100 | |
| 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 Rong Guo | | | | Date 12/16/2018 | |
| Signature of Authorized Representative Rong Guo | | | | FILED ✓ | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3640
 Website: www.sos.ri.gov

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