RI SOS Filing Number: 201883067810 Date: 12/21/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIVI.
2018 DEC 21 PM 2:29

Annual Report for the year: 2019

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	2. Exact name of the Corporation			
001670146	Acupuncture & Holistic Medical Center Inc			
3. Principal Office Address		City	State	Zip
960 Reservoir Ave Suite #11		Cranston	RI	02910
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621399	Acupuncture, Chinese Herbs service			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Liansheng Liu			Liyun Yan		
Street Address			Street Address		
16 phillips ct			16 phillips ct		
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0		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	Date
Liansheng Liu	12/21/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
DEC 21 2018
BY HSKG4
2:29

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

FORM 630 - Revised: 10/2017