



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

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.

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 SECRETARY OF STATE  
 CORPORATIONS DIVISION  
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1. Entity ID Number <u>001670146</u>		2. Exact name of the Corporation <u>Acupuncture &amp; Holistic Medical Center</u>	
3. Principal Office Address <u>960 Reservoir Ave Suite #11</u>		City <u>Cranston</u>	State <u>R2</u>
		Zip <u>02910</u>	
4. NAICS Code <u>621399</u>	6. Brief description of the character of business conducted in Rhode Island <u>Acupuncture, Chinese Herbs Service</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Liansheng Liu</u>		Vice-President Name <u>Liyun Yan</u>	
Street Address <u>16 Phillips Ct</u>		Street Address <u>16 Phillips Ct</u>	
City <u>Cranston</u>	State <u>R2</u>	Zip <u>02921</u>	City <u>Cranston</u>
			State <u>R2</u>
			Zip <u>02921</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u>0</u>
			PAR VALUE <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.			
<b>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.</b>			
Name of Authorized Representative <u>Liansheng Liu</u>			Date <u>12/21/18</u>
Signature of Authorized Representative <u>[Signature]</u>			

**FILED**  
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 BY [Signature]  
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