

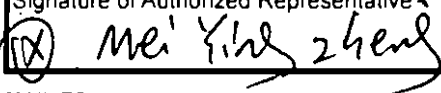


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED
STAMP
DEC 31 2018
BY AOE 1223

1. Entity ID Number 001670563		2. Exact name of the Corporation Chang Yun Inc.			
3. Principal Office Address 207 Union Ave 1R			City Providence	State RI	Zip 02909
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Mei Ying Zheng			Vice-President Name		
Street Address 207 Union Avenue 1R			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Mei Ying Zheng			Treasurer Name Mei Ying Zheng		
Street Address 207 Union Avenue 1R			Street Address 207 Union Avenue 1R		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Mei Ying Zheng			Director Name		
Street Address 207 Union Avenue 1R			Street Address		
City Providence	State RI	Zip 02909	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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIALS		
			PAR VALUE		
			1000	STK	0.00
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 Mei Ying Zheng				Date 01/02/2019	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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