State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED STAMP
DEC 31 2018
BY aac 1223

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
001670563	Chang Yun Inc.

3. Principal Office Address	City	State	Zip
207 Union Ave 1R	Providence	RI	02909

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	
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
Mei Ying Zheng	
Street Address: 207 Union Avenue 1R	Street Address:
City: Provedence / 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	Director Name
Mei Ying Zheng	
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/SERIES	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	Date
Mei Ying Zheng	01/02/2019

Signature of Authorized Representative

⊗ Mei Ying Zheng — 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

FORM 630 - Revised: 10/2017