



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.

STAMP

1. Entity ID Number 001664825		2. Exact name of the Corporation THREE DRAGONS INC.	
3. Principal Office Address 289 COMMONWEALTH AVE		City WARWICK	State RI
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island FOOD SERVICE	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DIYOU YEN		Vice-President Name JIN WEN WU	
Street Address 289 COMMONWEALTH AVE		Street Address 6 WELLSRING DRIVE	
City WARWICK	State RI	City CRANSTON	State RI
Zip 02886		Zip 02920	
Secretary Name		Treasurer Name DIYOU YEN	
Street Address		Street Address 289 COMMONWEALTH AVE	
City	State	City WARWICK	State RI
Zip		Zip 02886	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		PAR VALUE	
		100	CWP
			1.00
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 DIYOU YEN		Date 1/4/19	
Signature of Authorized Representative 			

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

FILED

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FORM 630 - Revised: 10/2017