



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

FILED

Annual Report for the year: 2019
Corporation

JAN 16 2019

- Filing period: January 1 - March 1
- Filing Fee \$50.00
- Penalty Additional \$25.00 fee if form is not filed by April 1.

BY 1002

1. Entity ID Number 001690447	2. Exact name of the Corporation NEW CHINA 5588 INC
-----------------------------------------	---------------------------------------------------------------

3. Principal Office Address 3288 E MAIN RD	City PORTSMOUTH	State RI	Zip 02871
------------------------------------------------------	---------------------------	--------------------	---------------------

4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island RESTAURANT		
5. State of Incorporation RHODE ISLAND			

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SU QING CHEN			Vice-President Name XU TONG LU		
Street Address 3288 E MAIN RD			Street Address 3288 E MAIN RD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	NO PAR VALUE

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 SU QING CHEN.	Date 1/10/2019
-----------------------------------------------------------	--------------------------

Signature of Authorized Representative 	PRINT NAME SU QING CHEN
--------------------------------------------	-----------------------------------

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