



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

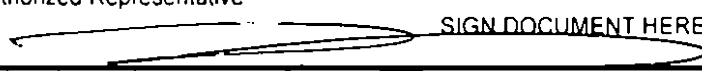
Corporation

STAMPFOR
FILING
FEBRUARY 1, 2019

→ 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 610005		2. Exact name of the Corporation NEW GOLD HOUSE INC.			
3. Principal Office Address 569 WARREN AVE.		City E. PROVIDENCE		State RI	Zip 02014
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island RESTAURANT				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ZU HAO YANG			Vice-President Name		
Street Address 569 WARREN AVE.			Street Address		
City EAST PROVIDENCE	State RI	Zip 02014	City	State	Zip
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 200	C..ASS/SERIES	PAR VALUE 0	
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 ZU HAO YANG				Date 1-16-19	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 01 2019BY 1674 DS

FORM 630 - Revised: 10/2017