



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 FEB 14 PM 12:30

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. Entry ID Number 15625 | | 2. Exact name of the Corporation Pawtucket China Inn, Inc. | |
| 3. Principal Office Address 285 Main St | | City Pawtucket | State RI |
| | | Zip 02860 | |
| 4. NAICS Code 722511 | 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 Kwai Ying Lee | | Vice-President Name Kwai Ying Lee | |
| Street Address 111 Cobble Hill Rd | | Street Address 111 Cobble Hill Rd | |
| City Lincoln | State RI | Zip 02865 | City Lincoln |
| Secretary Name Louis Yip | | Treasurer Name Kwai Ying Lee | |
| Street Address 71 Wingate Rd | | Street Address 111 Cobble Hill Rd | |
| City Providence | State RI | Zip 02906 | City Lincoln |
| 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 |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| 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 | |
| | | 200 | Common |
| | | | No par |
| 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 Louis Yip | | | Date 2/11/2019 |
| Signature of Authorized Representative SIGNATURE HERE | | | |

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

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 BY KL 5671