



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	City Lincoln	State RI
Zip 02865		Zip 02865	
Secretary Name Louis Yip		Treasurer Name Kwai Ying Lee	
Street Address 71 Wingate Rd		Street Address 111 Cobble Hill Rd	
City Providence	State RI	City Lincoln	State RI
Zip 02906		Zip 02865	
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		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 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

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BY KL 5671

FORM 630 - Revised: 10/2017