



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: 2020  
 Corporation

2019 DEC 16 PM 1:19

- 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 <b>000794487</b>		2. Exact name of the Corporation <b>YAMA FUJI II</b>			
3. Principal Office Address <b>1080 Willett Ave #5</b>		City <b>East Providence</b>	State <b>R.I</b>	Zip <b>02915</b>	
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>full service</b>			
5. State of Incorporation <b>R.I</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Rong Guo</b>			Vice-President Name <b>Xiu Tra Zhang</b>		
Street Address <b>700 County Rd</b>			Street Address <b>700 County Rd</b>		
City <b>Barrington</b>	State <b>R.I</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>R.I</b>	Zip <b>02806</b>
Secretary Name <b>Shun Guo</b>			Treasurer Name		
Street Address <b>700 County Rd</b>			Street Address		
City <b>Barrington</b>	State <b>R.I</b>	Zip <b>02806</b>	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.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1000</b>			<b>\$ 0.0100</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Rong Guo</b>					Date <b>12/16/2019</b>
Signature of Authorized Representative <b>Rong Guo</b>					

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

DEC 16 2019

BY OR X7X9D  
 1:19

FILED