



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

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 BUS SVCS DIV

2020 FEB 26 P 2:14

STAMP

Annual Report for the year: 2020
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. Entity ID Number 000889777		2. Exact name of the Corporation YAN'S CUISINE OF PROVIDENCE, INC.			
3. Principal Office Address 83 Benevolent Street		City Providence		State RI	Zip 02906
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operation of a Chinese 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 Yan Xu			Vice-President Name Yan Xu		
Street Address 25 Larkspur Road			Street Address 25 Larkspur Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State Ri	Zip 02818
Secretary Name Yan Xu			Treasurer Name Yan Xu		
Street Address 25 Larkspur Road			Street Address 25 Larkspur Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Yan Xu			Director Name		
Street Address 25 Larkspur Road			Street Address		
City East Greenwich	State RI	Zip 02818	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. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1,00.00	CNP	\$0.0000
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 Yan Xu					Date 2/18/20.
Signature of Authorized Representative 					

NON 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

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