



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**FILED****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.

OCT 20 2020  
BY 2140  
[Signature]

1. Entity ID Number <b>135003</b>		2. Exact name of the Corporation <b>MOON HOUSE RESTAURANT CORP.</b>	
3. Principal Office Address <b>741 OAKLWAN AVE</b>		City <b>CRANSTON</b>	State <b>RI</b>
		Zip <b>02920</b>	
4. NAICS Code <b>72 - Accommodation and Food</b>	6. Brief description of the character of business conducted in Rhode Island <b>CHINESE RESTAURANT ( 722511)</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JIAN X CHEN</b>		Vice-President Name	
Street Address <b>12 BLAISDELL ST</b>		Street Address	
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City
Secretary Name <b>JIAN X CHEN</b>		Treasurer Name <b>JIAN X CHEN</b>	
Street Address <b>12 BLAISDELL ST</b>		Street Address <b>12 BLAISDELL ST</b>	
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>
		State <b>RI</b>	Zip <b>02910</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>0</b>	CLASS/SERIES <b>NONE</b>
		PAR VALUE <b>NO PAR VALUE</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>JIAN X CHEN</b>		Date <b>09/24/2020</b>	
Signature of Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE	

MAIL TO:  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)