

Matthew A. Brown, Scaretary of State Corporations Division 100.North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00' (FORM MUST BE TYPED IN BLACK)

TOKIN MUST BE TIFED IN BE							
1. Corporate ID No.	2. Name of Corporation CATHAY RESTA						
90880	!	TORANT, INC.	To:	10)Zip		
3. Street Address Principal Busines	-		City	State			
1449 MINERAL SPRIN	G AVENUE		NORTH PROVIDENCE	! RI	02904		
4. Business Phone No.	4	5. State of Incorporation			6. SIC Code		
401.354.4570	:	RHODE ISLAND			3079		
7. Brief Description of the Charact THE OPERATION OF A RI			FOOD, LIQUOR AND RELAT	red PRODUCTS.			
President Name	S OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Vice President Name Man Lam Lo	BEFORE USING ATTAC	HMENTS		
Kin Wah Ko			Street Address		· · · · · · · · · · · · · · · · · · ·		
Street Address			•	۵			
39 Riverview Drive) <u></u>	·	· 591 Smithfield Roa		177		
City	State	Zip	City	State	72ip 102904		
North Providence Secretary Name	Rhode Island	02904	North Providence	Rhode Island	102304		
Man Lam Lo	<u> </u>		Kin Wah Ko				
Sireci Address	(Street Address				
591 Smithfield Road	1		.39 Riverview Drive				
Ciny	State	Zip	City	State	Zip		
North Providence	Rhode Island	02904	.North Providence	Rhode Island	02904		
9 NAMES AND ADDRESS	ES OF THE DIRECT	ORS C'X" BOX FOR AT	TACHMENT) TILL IN SPACE	ES BEFORE USING ATTA	CHMENTS		
Director Nume			Director Name				
Street Address	: ;		Street Address				
Cirv	State	Zip	·City	State	Zip		
Director Name	J . {	l	Director Name Street Address				
i !	1		•				
City	State	Zip	City	State	Zip		
	<u> </u>	!	<u> </u>	<u> </u>	 		
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	(CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
I AUTHORIZED SHARES			ISSUED SHARES Number of Shares Class/Series Par Value				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	rar value		
1,000 COMM NO PAR V	ALŲE	•	1,000	Common	No Par		
		· · · · · · · · · · · · · · · · · · ·					
This report must be signed	in ink hy either th	e President. Vice Pre	<u> </u>	Secretary, Treasurer.	Receiver or Trustee		
*90880 DBC 03/03/05 C	8 0] _ე	Under penalty of perjury, this report, including any and that all statements co	I declare and affirm that ago	have examined and statements,		
Check No. APR 1 1 By: FOR SECRETARY OF STATE	2005 - 24 		Print or Type Name of Office	1 KO	Form 630 12/0		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation CATHAY RESTAURANT, INC. 90880 Zip State 3 Sirvet Address Principal Business Office 1449 Mineral Spring Avenue No. Providence RI 02904 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-354-4570 3079 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION OF A RESTAURANT TO INCLUDE THE SALE OF FOOD LIQUOR AND RELATED PRODUCTS. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Kin Wah Ko Street Address 591 Smithfield Road 39 Riverview Drive City 02904 RI 02904 No. Providence No. Providence RI Treasurer Name Kin Wah Ko Street Address 591 Road **39 Riverview Drive** City State 2.10 02904 No. Providence 02904 RI No. Providence RI FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Street Address Street Address City State City State Z_{ip} Director Name Director Name Street Address Sireel Address Zip City City State State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **ISSUED SHARES** AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Senes Par Value 1,000 COMM NO PAR VALUE 1,000 No Par Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying chedules and statements, and that all statements contained herein are to File Date Signature of Officer Check No. Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Title of Officer

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ

(FORM MUST BE TYPED OR PRINTL	TO IN BLACKS				
1. Corporate ID No.	2. Name of Corpor	ation			
9088ê	CATHAY R	ESTAURANT, INC.			
3. Street Address Principal Business (1449 Mineral S)[fice	•	_{cav} North Providen	State Ce RI	71p 02904
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401-354-4570 7. Brief Description of the Character	of Business Conducted	RHODE ISLAND)		3079
Restaurant 8. NAMES AND ADDRESS President Nume Kin Wah Ko	ES OF THE OFF	HCERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BE Vice President Name Xing Liang Gao		ACHMENTS
Street Address 39 Riverview D	rive		Street Address 591 Smithfield	Road	
N. Providence	State R I	0290 4	N. Providence	State RI	zip 02904
Secretary Name Xing Liang Gao			Ticuswei Name Kin Wah Ko		
Street Address 591 Smithfield	Road		Sueet Address 39 Riverview D	rive	
N. Providence	State RI	^{Z₁p} 02904	N. Providence	State RI	^{Z₁p} 02904
9. NAMES AND ADDRESS Director Name	SES OF THE DIF	RECTORS ("X" BOX FOR AT	TACHMENT) - FILL IN SPACES Director Name	BEFORE USING AT	TACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Nume			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZEI SHARES	O ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHME	(TNT)

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares



Class/Series

Par Value

Number of Shares

1,000 COMM NO PAR VALUE

File Date	_	
Check No.: 4810	_	
By SU		
FOR SECRETARY OF STATE USE ONLY		

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.

Class/Series

common

Vima To

Kin Wah Ko
Print or Type Name of Officer

President

litle of Officer

Signature

. 1³¹ ≥. 5

Farm 630 12/02

Par Value

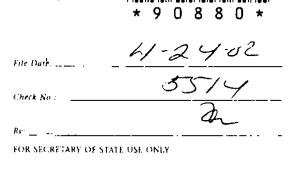
No Par

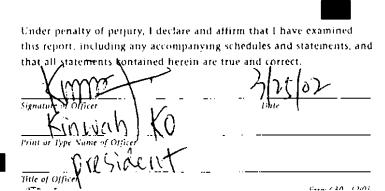
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

riling Period: January 1-March 1	•	Filing Fee: 350.00	
(FORM MUST BE TYPED IN BLACK)			

90880	CATHAY RESTA	URANT, INC.			
 Street Address Principal Busines. 	s Office		City	State	/ip
1449 Mineral Sp 4. Business Phone No 401-354-4570	oring Avenue	5 State of Incorporation RHODE ISLAND	N. Providence	Rhode Island	02904 6. SIC Code 3079
7. Brief Description of the Characti Restaurant	er of Business Conducted in Rho	de Island			
8. NAMES AND ADDRES President Name	SSES OF THE OFFICER	S ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B Vice President Name	EFORE USING ATTACHM	ENTS
Kin Wah Ko			Xing Liang Ga	0	
Street Address 39 Riverview Dr	rive		Street Address 591 Smithfiel	d Road	
N. Providence	State Rhode Island	^{Zip} 02904	N. Providence	State Rhode Island	^{Zip} 02904
Secretary Name			Treasurer Name		
Xing Liang Gao			Kin Wah Ko Street Address		
591 Smithfield	Road		39 Riverview Dri	.ve	
N. Providence 9. NAMES AND ADDRE	Rhode Island SSES OF THE DIRECTO	O2904 ORS ("X" BOX FOR ATTAC		State Rhode Island S BEFORE USING ATTACE	02904 MENTS
N. Providence 9. NAMES AND ADDRES Director Name	Rhode Island	02904	N. Providence	Rhode Island	02904
N. Providence 9. NAMES AND ADDRES Director Name Street Address	Rhode Island	02904	N. Providence CHMENT) FILL IN SPACES Director Name	Rhode Island	02904
N. Providence 9. NAMES AND ADDRES Director Name Street Address City	Rhode Island	02904 ORS ("X" BOX FOR ATTAC	N. Providence CHMENT) FILL IN SPACES Director Name Street Address	Rhode Island S BEFORE USING ATTACH	02904 IMENTS
Oity N. Providence 9. NAMES AND ADDRES Director Name Street Address City Director Name Street Address	Rhode Island	02904 ORS ("X" BOX FOR ATTAC	N. Providence CHMENT) FILL IN SPACES Director Name Street Address City	Rhode Island S BEFORE USING ATTACH	02904 IMENTS
N. Providence 9. NAMES AND ADDRES Director Name Street Address City Director Name	Rhode Island	02904 ORS ("X" BOX FOR ATTAC	N. Providence CHMENT) FILL IN SPACES Director Name Street Address City Director Name	Rhode Island S BEFORE USING ATTACH	02904 IMENTS
N. Providence 9. NAMES AND ADDRES Director Name City Director Name Street Address	Rhode Island SSES OF THE DIRECTO State State	02904 ORS ("X" BOX FOR ATTAC	N. Providence CHMENT) FILL IN SPACES Director Name Street Address City Director Name Street Address	Rhode Island BEFORE USING ATTACH State State	02904 MENTS Zip
N. Providence 9. NAMES AND ADDRES Director Name Street Address City Orector Name Street Address	Rhode Island SSES OF THE DIRECTO State State	02904 ORS ("X" BOX FOR ATTAC	N. Providence CHMENT) FILL IN SPACES Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (**)	Rhode Island BEFORE USING ATTACH State State	02904 MENTS Zip





Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

C2200

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST RE TYPED IN BLACK) 1. Corporate ID No. 90880 3. Street Address Principal Business Office State 02904 RΙ N. Providence 1449 Mineral Spring Avenue 5. State of Incorporation RHODE ISLAND 4. Business Phone No. 6. SIG 679 401-354-4570 7. Brief Description of the Character of Business Conducted in Rhode Island restaurant **FILL IN SPACES BEFORE USING ATTACHMENTS** 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name De Yina Kin Wah Ko Street Address Riverview Dr. 200 Woodlawn Avenue, Apt 306 State 02904 02904 North Providence North Providence Treasurer Name Secretary Name Xing Liong Gao street Additions 591 Smithfilld Rd City N. providence RI Kin Wah Ko Street Address Same as above City Zip FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name None Street Address Street Address State Zip City State Zip **Director Name** Director Name Street Address Street Address City Zip State City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ESSUED SHARES AUTIHORIZED SHARES Class/Series Number of Shares Number of Shares Class/Series Par Value No Par 1,000 Common 1,000 SHS COMM NO PAR VAL

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	FILED	
Check No.:	APR 0.9 2001	
Ву:	BMOGIZCIOID	_
FOR SECRETARY	OF STATE USE ONLY	

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.

Signature of Officer

Date

Print or Type Name of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing	Period:	January	1-March 1	•	Filing Fee: \$50.00	

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

90880

CATHAY RESTAURANT, INC.

3. Street Address Principal Business Office

City

State RI Zio

1449 Mineral Spring Avenue

N. Providence 5. State of Incorporation

02904 6. SIC Code

3079

4. Business Phone No 354-4570

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Kin Wah Ko

Street Address

JIAN M.

Same As Above

N. Providence

200 Woodlawn Avenue, Apt.

RI

02904

306

Kin Wah Ko Street Address

Vice President Name

200 Woodlawn Avenue, Apt.

306

N. Providence

RI

02904

Treasurer Name

Kin Wah Ko

Street Address

Same As Above

City

Zio

FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

City

City

NONE

Street Address

State

Zio

Zio

Street Address

Director Name

Street Address

Director Name

State

State

Zip

Director Name

Street Address

City

State

Zip

City

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

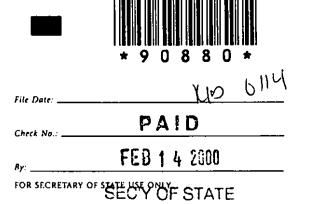
1,000 SHS COMM NO PAR VAL

1,000

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 arg true and correct. Signature of Officer Kin Wah Ko Print or Type Name of Officer President Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

•	 , ,	1 (7) (6.	Junuur	y z	- 141 W 1 L 11	•	Filling	ree.	330.00

(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No. 90880	2. Name of Corporation CATHAY RE	STAURANT, INC.			•
3. Street Address Principal Busine	ess Office		City	State	Zip
1449 Mineral :	Spring Avenue	e S. State of Incorporation RHODE ISLAND	N. Providence	RI	02904 6. SIC Code 3079
354-4570 7. Brief Description of the Charac	ter of Business Conducted in	· · · · · · · · · · · · · · · · · · ·	,		3078
Restaurant 8. NAMES AND ADDRE	ESSES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES I	BEFORE USING ATTAC	CHMENTS
Kin Wah Ko Street Address				Shang Quai	a Wang Kum
200 Woodlawn .	Avenue, Apt.	306 zip	200 Woodlawn	Avenue, Apt	. 306 zip
N. Providence Secretary Name	RI	02904	N. Providenc	e. RI	02904
Kin Wah Ro Z Sireet Address	hu J LIN	Kenso).	Kin Wah Ko Street Address		••
Same As Above	State	Zip	Same As abov	e State	Zip
9. NAMES AND ADDRI Director Name None Street Address	ESSES OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name Street Address	S BEFORE USING ATT	ACHMENTS `
			:		<u>.</u>
City	State	Zip	City	State	Zip
Director Name		,	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	CED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	י (ד
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM	NO PAR VAL		1,000	Common	No Par
This report must be sig	gned in ink by eith	er the President, Vice I	— President, Secretary, Assi	stant Secretary, Treas	surer, Receiver or Truste
1 185	:::: :::::::::::::::::::::::::::::::::	ft (4.6)			

	* 9 0 8 8 0 *	Under penal
	1	this report,
File Date:	10/23/99	that all state
Check No.:	1009	Signature of O
Citt's 710.:		Kin Wa
Ву:	VO	Print or Type N
FOR SECRETARY	OF STATE USE ONLY	Title of Officer
		title of collicer

nder penalty of perjury, I declare and affirm that I have examined its report, including any accompanying schedules and statements, and nat all statements contained herein are true and correct. enature of Officer Kin Wah Ko, President int or Type Name of Officer

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

, 1998

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

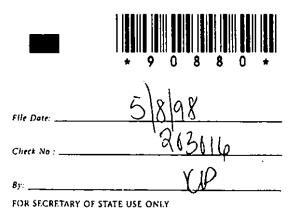
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID NO.

²CÄTHÁY HESTAURANT, INC.

3. Street Address Principal Business O	ffice		City	State	Zip
1449 Mineral 4. Business Phone No.	Spring	Avenue ⁵ Ř HODE ISĽÁN D	North Provide	nce RI	02904 6. sic 3079
354-4570 7. Brief Description of the Character o	f Business Conduc		•		00.0
restaurant 8. NAMES AND ADDRESSI President Name	ES OF THE C	DEFICERS (*X* BOX FOR ATTACH	MENT) Vice President Name		
Kin Wah Ko			Kin Wah Ko Street Address		
200 Woodlawn	Avenue,	Apartment 306	200 Woodlawn	Avenue, Ap	artment 306 zıp
N.Providence Secretary Name	RI	02904	N. Providence	RI	02904
Kin Wah Ko			Kin Wah Ko Street Address		
City	State	Apartment 306	200 Woodlawn	State	artment 306 02904
N.Providence	RÍ	02904	N.Providence	RI	02904
	ES OF THE E	DIRECTORS ("X" BOX FOR ATTA	CHMENT)		
Director Name			Director Name		_
none Street Address			Street Address		職 00円 2000 2000 2000円 2000円
City	State	Zip	City	State	Zipro in Cr
Director Name			Director Name		21 F
Street Address			Street Address		TATE
City	State	Zip	City	State	98 Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHM	IENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO	PAR VAL		1,000	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Kin Wah Ko, President

Print or Type Name of Officer

Title of Officer

Signature of Officer





James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

Zip

State

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

1. Corporate ID No. 90880

2. Name of Corporation

CATHAY RESTAURANT, INC.

1449 Mineral Spring Avenue N. Providence RI 02904 4. Rusiness Phone No. 6. SIC Code RHODE ISLAND 354-4570 3079 7. Brief Description of the Character of Business Conducted in Rhode Island Restaurant 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Kin Wah Ko Kin Wah Ko Street Address Street Address 1109 Charles Street 1109 Charles Street City Zip 2.10 N. Providence RΙ N. Providence RΙ Secretary Name Treasurer Name Kin Wah Ko Kin Wah Ko

City

Street Address Street Address 1109 Charles Street 1109 Charles Street Zip Providence RΙ Providence RΙ

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name

None

Street Address

Street Address Street Address

City Zip State Zip City State

Director Name Director Name

Street Address

City State Zip City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES SSUED SHARES

Class/Series Number of Shares Class/Series Number of Shares Par Value

600 1,000 SHS COMM NO PAR VAL Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

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.

Par Value

Signature of Officer

KIN WAH KO Print or Type Name of Officer

President

Title of Officer