



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90880		2. Name of Corporation CATHAY RESTAURANT, INC.			
3. Street Address Principal Business Office 1449 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401.354.4570		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
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.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kin Wah Ko		Vice President Name Man Lam Lo			
Street Address 39 Riverview Drive		Street Address 591 Smithfield Road			
City North Providence	State Rhode Island	Zip 02904	City North Providence	State Rhode Island	Zip 02904
Secretary Name Man Lam Lo		Treasurer Name Kin Wah Ko			
Street Address 591 Smithfield Road		Street Address 39 Riverview Drive			
City North Providence	State Rhode Island	Zip 02904	City North Providence	State Rhode Island	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			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



9 0 8 8 0

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

Kin Wah Ko

President

90880 DBC 03/03/05 03:29:23 PM

File Date

FILED

Check No.

APR 11 2005

By

By

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 90880		2. Name of Corporation CATHAY RESTAURANT, INC.			
3. Street Address Principal Business Office 1449 Mineral Spring Avenue		City No. Providence	State RI	Zip 02904	
4. Business Phone No. 401-354-4570		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
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.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kin Wah Ko			Vice President Name Man Lam Lo		
Street Address 39 Riverview Drive			Street Address 591 Smithfield Road		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
Secretary Name Man Lam Lo			Treasurer Name Kin Wah Ko		
Street Address 591 Smithfield Road			Street Address 39 Riverview Drive		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			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



* 9 0 8 8 0 *

File Date	10-25-04
Check No.	8255
By:	160
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

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 90880 2. Name of Corporation CATHAY RESTAURANT, INC.
3. Street Address Principal Business Office 1449 Mineral Spring Avenue City North Providence State RI Zip 02904
4. Business Phone No. 401-354-4570 5. State of Incorporation RHODE ISLAND 6. SIC Code 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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Kin Wah Ko	Vice President Name Xing Liang Gao
Street Address 39 Riverview Drive	Street Address 591 Smithfield Road
City N. Providence State RI Zip 02904	City N. Providence State RI Zip 02904
Secretary Name Xing Liang Gao	Treasurer Name Kin Wah Ko
Street Address 591 Smithfield Road	Street Address 39 Riverview Drive
City N. Providence State RI Zip 02904	City N. Providence State RI Zip 02904

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
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



* 9 0 8 8 0 *

File Date 2/19/03
Check No. 6830
By [Signature]
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 [Signature] Date 2/10/03

Kin Wah Ko
Print or Type Name of Officer
President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

90880

2. Name of Corporation

CATHAY RESTAURANT, INC.

3. Street Address Principal Business Office

1449 Mineral Spring Avenue

City

N. Providence

State

Rhode Island

Zip

02904

4. Business Phone No

401-354-4570

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Kin Wah Ko

Vice President Name

Xing Liang Gao

Street Address

39 Riverview Drive

Street Address

591 Smithfield Road

City State Zip
N. Providence Rhode Island 02904

City State Zip
N. Providence Rhode Island 02904

Secretary Name

Xing Liang Gao

Treasurer Name

Kin Wah Ko

Street Address

591 Smithfield Road

Street Address

39 Riverview Drive

City State Zip
N. Providence Rhode Island 02904

City State Zip
N. Providence Rhode Island 02904

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

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

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

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



* 9 0 8 8 0 *

File Date: 4-24-02

Check No: 5514

By: [Signature]

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] 3/25/02

Signature of Officer Date

Kinwah Ko

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90880 2. Name of Corporation CATHAY RESTAURANT, INC.

3. Street Address Principal Business Office

1449 Mineral Spring Avenue

City

N.Providence

State

RI

Zip

02904

4. Business Phone No.

401-354-4570

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5879

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

restaurant

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

President Name

Kin Wah Ko

Street Address

39 Riverview Dr.

City

North Providence

State

RI

Zip

02904

Secretary Name

Xiny Liang Gao

Street Address

591 Smithfield Rd

City

N. Providence

State

RI

Zip

02904

Vice President Name

De Ying Lau

Street Address

200 Woodlawn Avenue, Apt 306

City

North Providence

State

RI

Zip

02904

Treasurer Name

Kin Wah Ko

Street Address

Same as above

City

State

Zip

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

Director Name

None

Street Address

Director Name

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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



* 9 0 8 8 0 *

File Date: FILED

Check No.: APR 09 2001

By: [Signature]

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

Print or Type Name of Officer

Title of Officer

4/5/01
Date

KIN WAH KO

President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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.

90880

2. Name of Corporation

CATHAY RESTAURANT, INC.

3. Street Address Principal Business Office

1449 Mineral Spring Avenue

City

N. Providence

State

RI

Zip

02904

4. Business Phone No.

354-4570

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Kin Wah Ko

Street Address

200 Woodlawn Avenue, Apt. 306

City

State

Zip

N. Providence

RI

02904

Secretary Name

JIAN M. ZHU

Street Address

Same As Above

City

State

Zip

Vice President Name

Kin Wah Ko

Street Address

200 Woodlawn Avenue, Apt. 306

City

State

Zip

N. Providence

RI

02904

Treasurer Name

Kin Wah Ko

Street Address

Same As Above

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

NONE

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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



* 9 0 8 8 0 *

File Date: 11/14/00

Check No.: PAID

By: FEB 14 2000

FOR SECRETARY OF STATE USE ONLY

SECY OF STATE

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

Kin Wah Ko

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90880** 2. Name of Corporation **CATHAY RESTAURANT, INC.**

3. Street Address Principal Business Office
1449 Mineral Spring Avenue City **N. Providence** State **RI** Zip **02904**
4. Business Phone No. **354-4570** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Kin Wah Ko Street Address 200 Woodlawn Avenue, Apt. 306 City N. Providence State RI Zip 02904 Secretary Name Kin Wah Ko Zhu J LIN <i>Kin Wah Ko</i> Street Address Same As Above City _____ State _____ Zip _____	Vice President Name Kin Wah Ko Shang Quan Wang <i>Kin Wah Ko</i> Street Address 200 Woodlawn Avenue, Apt. 306 City N. Providence State RI Zip 02904 Treasurer Name Kin Wah Ko Street Address Same As above City _____ State _____ Zip _____
---	--

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

Director Name None Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
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



File Date: Feb 23, 1999

Check No.: 1009

By: Jo

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.

Kin Wah Ko 2/19/99
Signature of Officer Date

Kin Wah Ko, President

Print or Type Name of Officer

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90880** 2. Name of Corporation **CATHAY RESTAURANT, INC.**

3. Street Address Principal Business Office **1449 Mineral Spring Avenue** City **North Providence** State **RI** Zip **02904**
4. Business Phone No. **354-4570** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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

Kin Wah Ko

Street Address

200 Woodlawn Avenue, Apartment 306

City **N.Providence** State **RI** Zip **02904**

Secretary Name

Kin Wah Ko

Street Address

200 Woodlawn Avenue, Apartment 306

City **N.Providence** State **RI** Zip **02904**

Vice President Name

Kin Wah Ko

Street Address

200 Woodlawn Avenue, Apartment 306

City **N.Providence** State **RI** Zip **02904**

Treasurer Name

Kin Wah Ko

Street Address

200 Woodlawn Avenue, Apartment 306

City **N.Providence** State **RI** Zip **02904**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

none

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES

Number of Shares Class/Series Par Value

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



File Date: **5/8/98**

Check No: **203016**

By: **WP**

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

Kin Wah Ko, President

Print or Type Name of Officer

Title of Officer

Date

5/4/98

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
MAY 8 2 21 PM '98



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90880** 2. Name of Corporation **CATHAY RESTAURANT, INC.**
3. Street Address Principal Business Office **1449 Mineral Spring Avenue** City **N. Providence** State **RI** Zip **02904**
4. Business Phone No. **354-4570** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 Kin Wah Ko	Vice President Name Kin Wah Ko
Street Address 1109 Charles Street	Street Address 1109 Charles Street
City N. Providence State RI Zip	City N. Providence State RI Zip
Secretary Name Kin Wah Ko	Treasurer Name Kin Wah Ko
Street Address 1109 Charles Street	Street Address 1109 Charles Street
City N. Providence State RI Zip	City N. Providence State RI Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name None	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

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL			600	Common	No Par

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



* 9 0 8 8 0 *

File Date: 2/4/97

Check No.: 1497

By: [Signature]

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

KIN WAH KO

Print or Type Name of Officer

President

Title of Officer