



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2021
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 001703106 | | 2. Exact name of the Corporation HAPPY CRAB INC | | | |
| 3. Principal Office Address 650 BRANCH AVE SUITE#2 | | | City PROVIDENCE | State RI | Zip 02904 |
| 4. NAICS Code 722513 | | 6. Brief description of the character of business conducted in Rhode Island FOOD SERVICE | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name WENLI DING | | | Vice-President Name | | |
| Street Address 650 BRANCH AVE SUITE#2 | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02904 | City | State | Zip |
| Secretary Name WENLI DING | | | Treasurer Name | | |
| Street Address 650 BRANCH AVE SUITE#2 | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02904 | City | State | Zip |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name WENLI DING | | | Director Name | | |
| Street Address 650 BRANCH AVE SUITE#2 | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02904 | 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 |
| | | 200 | | 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 WENLI DING | | | | Date 01/28/2021 | |
| Signature of Authorized Representative | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">FILED</div> JAN 28 2021 | |

MAIL TO:
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