



State of Rhode Island
Department of State - Business Services Division

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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SERVICES
 2021 FEB - 2 P 4: 05

1. Entity ID Number 000763442		2. Exact name of the Corporation Shineharmony Holdings, Inc.			
3. Principal Office Address 650 PLEASANT STREET			City FRANKLIN	State MA	Zip 02038
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island THE PURCHASE, SALE, RENTAL AND MANAGEMENT OF REAL ESTATE WITHIN RHODE ISLAND				
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LIANGMING QI			Vice-President Name YIWEI QI		
Street Address 650 PLEASANT STREET			Street Address 650 PLEASANT STREET		
City FRANKLIN	State MA	Zip 02038	City FRANKLIN	State MA	Zip 02038
Secretary Name LIANGMING QI			Treasurer Name LIANGMING QI		
Street Address 650 PLEASANT STREET			Street Address 650 PLEASANT STREET		
City FRANKLIN	State MA	Zip 02038	City FRANKLIN	State MA	Zip 02038
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LIANGMING QI			Director Name none		
Street Address 650 PLEASANT STREET			Street Address		
City FRANKLIN	State MA	Zip 02038	City	State	Zip
Director Name none			Director Name none		
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			275,000.00	STK/A	\$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 LIANGMING QI				Date 2/1/2021	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
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