



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 5 2021

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.

BY 8/12215 FOR

1. Entity ID Number 000791003		2. Exact name of the Corporation YAMA FUJI, INC.			
3. Principal Office Address 900 VICTORY HWY, UNIT 3			City NORTH SMITHFIELD	State RI	Zip 02896
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JIN XIANG YANG			Vice-President Name YUE HUA CHEN		
Street Address 216 GREENE ST, APT. 3L			Street Address 900 VICTORY HWY #3		
City N SMITHFIELD	State RI	Zip 02896	City SLATERSVILLE	State RI	Zip 02896
Secretary Name			Treasurer Name MIN CHUN SUN		
Street Address			Street Address 5 VALLEY ROAD		
City	State	Zip	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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 MIN CHUN SUN				Date 2/28/2021	
Signature of Authorized Representative <u>Min Chun Sun</u>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov