



State of Rhode Island

Department of State - Business Services Division

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.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAR -5 P 2:06

1 Entity ID Number 1422		2. Exact name of the Corporation ASIA RESTAURANTS, INC.												
3 Principal Office Address Lincoln Mall, 622 George Washington Highway			City Lincoln		State RI									
4 NAICS Code 722511			6. Brief description of the character of business conducted in Rhode Island Restaurant.											
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
President Name Cecilia S. Chin			Vice-President Name Chayenne S. Chin											
Street Address 622 George Washington Hwy			Street Address 622 George Washington Hwy											
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865									
Secretary Name Charles Y. Chin			Treasurer Name Charles Y. Chin											
Street Address 622 George Washington Hwy			Street Address 622 George Washington Hwy											
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865									
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865									
Director Name Chayenne S. Chin			Director Name Chenelle S. Chin											
Street Address 622 George Washington Hwy			Street Address 622 George Washington Hwy											
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865									
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"/>											
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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 CECILIA S. CHIN, President					Date 02/22/2021									
Signature of Authorized Representative <i>Cecilia S. Chin</i>														

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

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MAR 05 2021

BY *Ca 24428*

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FORM 630 - Revised: 08/2020



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