



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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 MAR -5 P 2:07

1. Entity ID Number 45106		2. Exact name of the Corporation Eastern Group Inc.			
3. Principal Office Address d/b/a Islander Restaurant, 2318 W. Shore Road			City Warwick		State RI
					Zip 02889
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 type="checkbox"/>
President Name Simon Chan			Vice-President Name Ben Chan		
Street Address 91 Port Circle			Street Address 165 Olney Arnold Road		
City Warwick	State RI	Zip 02889	City Cranston	State RI	Zip 02921
Secretary Name Ben Chan			Treasurer Name Simon Chan		
Street Address 165 Olney Arnold Road			Street Address 91 Port Circle		
City Cranston	State RI	Zip 02921	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Simon Chan			Director Name Ben Chan		
Street Address 91 Port Circle			Street Address 165 Olney Arnold Road		
City Warwick	State RI	Zip 02889	City Cranston	State RI	Zip 02921
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.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 200	CLASS/SERIES Common Stock	PAR VALUE No 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 SIMON CHAN, President					Date 2/17/2021
Signature of Authorized Representative 					

FILED

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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FORM 630 - Revised: 08/2020