



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILEDAnnual 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

MAR 17 2021
BY 2002

1. Entity ID Number 000889777		2. Exact name of the Corporation YAN'S CUISINE OF PROVIDENCE, INC.			
3. Principal Office Address 83 Benevolent Street			City Providence	State RI	Zip 02906
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operation of a Chinese 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 Yan Xu			Vice-President Name Yan Xu		
Street Address 25 Larkspur Road			Street Address 25 Larkspur Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Yan Xu			Treasurer Name Yan Xu		
Street Address 25 Larkspur Road			Street Address 25 Larkspur Road		
City East Greenwich	State RI	Zip 02818	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 Yan Xu			Director Name		
Street Address 25 Larkspur Road			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			FAR VALUE		
			1,00.00		
			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 Yan Xu					Date 3/08/21
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov