State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAR 25 2021
BY. A 9096

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.

1. Entity ID Number	2. Exact name of the Corporation
1679471	LAM & YAN HOSPITALITY, INC.

3. Principal Office Address	City	State	Zip
1852 Smith Street	No. Providence	RI	02911

4. NAICS Code	5. Brief description of the character of business conducted in Rhode Island
722511	ASIAN FOOD RESTAURANT
6. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Yuqi He	Yuqi He
Street Address: 184 Laurens Street	Street Address: 184 Laurens Street
City: Cranston, State: RI, Zip: 02910	City: Cranston, State: RI, Zip: 02910
Secretary Name	**Treasurer Name**
Yuqi He	Yuqi He
Street Address: 184 Laurens Street	Street Address: 184 Laurens Street
City: Cranston, State: RI, Zip: 02910	City: Cranston, State: RI, Zip: 02910

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
None	None
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name	**Director Name**
None	None
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	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	Date
Yuqi He	03/11/2021

Signature of Authorized Representative: Yuqi He — SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017