RI SOS Filing Number: 202100907630 Date: 9/3/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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			
001725125	GOLDEN HOUSE RI INC			
3. Principal Office Address		City	State	Zip
485 BRANCH AVE		PROVIDENCE	RI	02904
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722513	RESTAURANT / FOOD SERVICE			
5. State of Incorporation				
RHODE ISLAND				

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

President Name			Vice-President Name		
SHUI MIAO YANG			YU DAN PAN		
Street Address			Street Address		
10 SPRINGDALE AVE			10 SPRINGDALE AVE		
City / State / Zip			City / State / Zip		
N PROVIDENCE	RI	02904	N PROVIDENCE	RI	02904
Secretary Name			Treasurer Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

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

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	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
SHUI MIAO YANG	09/03/2021

Signature of Authorized Representative

FILED 11:51 AM

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

SEP - 3 2021
CONFIRM #
BY 806936

FORM 630 - Revised: 08/2020