→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

RULDEL LOF STATE

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Entity ID Number	2. Exact name of the Limited Liability Company					
1712628						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
722511	Resta	want				
5. State of Formation		•				
R1						
6. Principal Office Address		•	City	State	Zip	
3351 Fast	Main	<u>KD</u>	Portsmouth	R1	02871	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Vulin Zhang			Contact Title			
Street Address 3351 Z	ast Ma	in RI	City Portsmouth	State RZ	Zip 02-871	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Check the box to indicate an attachment						
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
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 Person Vulin Dun 12/1/2021						
Signature of Authorized Person						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 08/2020