



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2021
Corporation

2021 DEC 21 PM 2:20

- 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 <u>000486834</u>		2. Exact name of the Corporation <u>WuChu (USA-China) Science & Culture Media Corp</u>			
3. Principal Office Address <u>53 Morgan Ct</u>			City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02882</u>
4. NAICS Code <input checked="" type="checkbox"/> <u>333/20</u>		6. Brief description of the character of business conducted in Rhode Island <u>Make Scientific Magazines</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Zhu Yong He</u>			Vice-President Name <u>Yan Cheng</u>		
Street Address <u>201 Building 2 Anhui Academy of Agri-Science</u>			Street Address <u>53 Morgan Ct R</u>		
City <u>Hefei, China</u>	State <u>Anhui</u>	Zip <u>230031</u>	City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02882</u>
Secretary Name <u>Shihua Cao</u>			Treasurer Name		
Street Address <u>601 Building 2 Anhui Academy of Agri-Science</u>			Street Address		
City <u>Hefei, China</u>	State <u>RI</u>	Zip <u>230031</u>	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <u>2000.00</u>	C. ASS/SERIES <u>0</u>	PAR VALUE <u>0</u>	
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 <u>Yan Cheng</u>				Date <u>12/20/2021</u>	
Signature of Authorized Representative 					

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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