



State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year: 2023

FEB 13 2023

## Corporation

BY lofo  
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- Filing period: February 1 - May 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 1. Entity ID Number<br>001718187   |             | 2. Exact name of the Corporation<br>Lys Solution Corporation  |   |                 |              |                  |              |           |      |     |   |  |  |  |
|--|-------------|---|---|-----------------|--------------|------------------|--------------|-----------|------|-----|---|--|--|--|
| 3. Principal Office Address<br>16 MYRTLE AVE   |             |   | City<br>CRANSTON  | State<br>RI     | Zip<br>02910 |                  |              |           |      |     |   |  |  |  |
| 4. NAICS Code<br>541511  |             | 6. Brief description of the character of business conducted in Rhode Island<br>IT CONSULTING SERVICES, CODING SOFTWARE BASED ON CUSTOMER REQUIREMENTS |   |                 |              |                  |              |           |      |     |   |  |  |  |
| 5. State of Incorporation<br>RI  |             |   |   |                 |              |                  |              |           |      |     |   |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |   |                 |              |                  |              |           |      |     |   |  |  |  |
| President Name<br>WEI LI   |             |   | Vice-President Name   |                 |              |                  |              |           |      |     |   |  |  |  |
| Street Address<br>16 MYRTLE AVE  |             |   | Street Address  |                 |              |                  |              |           |      |     |   |  |  |  |
| City<br>CRANSTON   | State<br>RI | Zip<br>02910  | City  | State           | Zip          |                  |              |           |      |     |   |  |  |  |
| Secretary Name<br>CUIHONG HUI  |             |   | Treasurer Name  |                 |              |                  |              |           |      |     |   |  |  |  |
| Street Address<br>16 MYRTLE AVE  |             |   | Street Address  |                 |              |                  |              |           |      |     |   |  |  |  |
| City<br>CRANSTON   | State<br>RI | Zip<br>02910  | City  | State           | Zip          |                  |              |           |      |     |   |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |   |                 |              |                  |              |           |      |     |   |  |  |  |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |              |                  |              |           |      |     |   |  |  |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |             |   | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS-SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CNP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                 |              | NUMBER OF SHARES | CLASS-SERIES | PAR VALUE | 1000 | CNP | 0 |  |  |  |
|  |             |   | NUMBER OF SHARES  | CLASS-SERIES    | PAR VALUE    |                  |              |           |      |     |   |  |  |  |
| 1000   | CNP         | 0   |   |                 |              |                  |              |           |      |     |   |  |  |  |
|  |             |   |   |                 |              |                  |              |           |      |     |   |  |  |  |
|  |             |   |   |                 |              |                  |              |           |      |     |   |  |  |  |
| 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.<br><b>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.</b> |             |   |   |                 |              |                  |              |           |      |     |   |  |  |  |
| Name of Authorized Representative<br>CUIHONG HUI   |             |   |   | Date<br>02/1/23 |              |                  |              |           |      |     |   |  |  |  |
| Signature of Authorized Representative<br><u>Cuihong Hui</u>   |             |   |   |                 |              |                  |              |           |      |     |   |  |  |  |

## MAIL TO:

Division of Business Services

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