



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED

MAR 22 2023

BY [Signature]

- 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 001738757		2. Exact name of the Corporation HUI XING INC			
3. Principal Office Address 655 CENTRAL AVE			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MINGXING ZHANG			Vice-President Name		
Street Address 20 MAKIN ST			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Secretary Name MINGXING ZHANG			Treasurer Name		
Street Address 20 MAKIN ST			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MINGXING ZHANG			Director Name		
Street Address 20 MAKIN ST			Street Address		
City PAWTUCKET	State RI	Zip 02861	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			200	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.					
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 MINGXING ZHANG				Date ✓ 03-17-2023	
Signature of Authorized Representative X [Signature]					

MAIL TO:
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