RI SOS Filing Number: 202339055520 Date: 7/3/2023 2:51:00 PM_CELVED



State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

2023 JUL -3 P 2:50

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Annual F	Report for	the year:	2022	
Corporat	tion			

Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	ee if form is not	filed by May 31.							
1. Entity ID Number	2. Exact name of the Corporation								
000830980	FU BING NAN CORP.								
3. Principal Office Address			City		State	Zip			
1715 STAFFORD ROAD			TIVERTON		RI	20878			
4. NAICS Code	6. Brief descript	tion of the charact	er of business con	ducted in Rhode Isl	and				
722511	RESTAURANT								
5. State of Incorporation									
RI									
7. List ALL officers (names and add President Name			Vice-President Na		r to indicate	an attachment			
BING NAN LIU	VISO C TOURS OF THE TOURS								
Street Address 1715 STAFFOR	Street Address								
City TIVERTON	State R	^{Zip} 02878	City		State	Zip			
Secretary Name		•	Treasurer Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
8. List ALL directors (names and ad	ldresses)	.1	I.	Check the box	x 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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued NUMBER OF SHARES			Check the box to indicate an attachment □				
				CLASS/SERIES	CLASS/SERIES PAR VALUE				
		0		· · · · · · · · · · · · · · · · · · ·					
11. This report must be executed or	hehalf of the co	moration by an a	thorized represen	tating If the comor:	ation is in th	e hands of a re-			
ceiver or trustee, this report must be	e executed on be	half of the corpor	ation by the receive	er or trustee.					
Under penalty of perjury, I declar statements, and that all statemen				uding any accomp	anying sci	nedules and			
Name of Authorized Representative	10011600.	Date							
BING NAN LIU	06/28/2023								
Signature of Authorized Representa	ıtive		FILEU						
Busin			nn 0.8.2023						
MAIL TO:		•	Λ / Ι	OFBH					

Division of Business Services

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

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