



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2023 NOV 24 2:03 PM
STAMP
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001690280		2. Exact name of the Corporation Li Lai Wok Pawtucket 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 FOOD SERVICE RESTAURANT			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cheng Zhong Zheng			Vice-President Name		
Street Address 655 CENTRAL AVE			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Cheng Zhong Zheng			Treasurer Name Cheng Zhong Zheng		
Street Address 655 CENTRAL AVE			Street Address 655 CENTRAL AVE		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Cheng Zhong Zheng			Director Name		
Street Address 655 CENTRAL AVE			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		CLASS/SERIES
			200		PAR VALUE
					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. <i>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.</i>					
Name of Authorized Representative Cheng Zhong Zheng				Date 10/30/2023	
Signature of Authorized Representative <i>*Cheng Zhong Zheng</i>					

FILED

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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BY 32SWP

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FORM 630- Revised: 04/2023