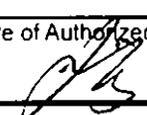


REC'D RIDGES BSB
 23 DEC 2023 11:59:32
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 24 JAN 2024 2:39:04

State of Rhode Island
 Department of State - Business Services Division
 Annual Report for the Year: 2024
 Corporation
 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 001728933		2. Exact name of the Corporation TORI PROVIDENCE INC	
3. Principal Office Address 1 PROVIDENCE PLACE 5135		City PROVIDENCE	State RI
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island ASIAN FAST FOOD TAKE OUT RESTUARANT	
5. State of Incorporation RHODE ISLAND		TITLE: 7-1.2	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DEXI LIU		Vice-President Name LIRUI SHI	
Street Address 8794 19TH AVE		Street Address 18 COTTAGE ST	
City BROOKLYN	State NY	City NATICK	State MA
Zip 11214		Zip 02170	
Secretary Name DEXI LIU		Treasurer Name LIRUI SHI	
Street Address 8794 19TH AVE		Street Address 18 COTTAGE ST	
City BROOKLYN	State NY	City NATICK	State MA
Zip 11214		Zip 02170	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name CHAOXIANG LIN		Director Name LIRUI SHI	
Street Address 49 HOBART AVE		Street Address 18 COTTAGE ST	
City BRAINTREE	State MA	City NATICK	State MA
Zip 02184		Zip 02170	
Director Name DEXI LIU		Director Name	
Street Address 8794 19TH AVE		Street Address	
City BROOKLYN	State NY	City	State
Zip 11214		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
		PAR VALUE	
		10000	CWP
			0.01
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 CHAOXIANG LIN			Date 12/19/2023
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.n.gov

FILED

JAN 08 2024 2:41
 BY YXZJP