



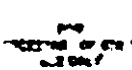
State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDGERS BSA
24 APR 17 11:17

STAMP



1. Entity ID Number 001676747		2. Exact name of the Corporation Zixin Pharmaceuticals USA Corp			
3. Principal Office Address PO Box 4078			City Woodbridge	State CT	Zip 06525
4. NAICS Code 541700		6. Brief description of the character of business conducted in Rhode Island Scientific research.			
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 Sihua Guo			Vice-President Name None		
Street Address PO Box 4078			Street Address		
City Woodbridge	State CT	Zip 06525	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sihua Guo			Director Name None		
Street Address PO Box 4078			Street Address		
City Woodbridge	State CT	Zip 06525	City	State	Zip
Director Name None			Director Name None		
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	PAR VALUE
		None		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 Sihua Guo				Date 03/26/2024	
Signature of Authorized Representative Sihua G				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 ML GEHCD