



State of Rhode Island
Department of State - Business Services Division

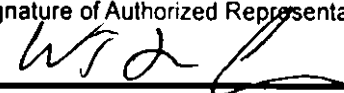
Annual Report for the year: 2024
Corporation _____

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 24 2024

BY 

1. Entity ID Number 18812		2. Exact name of the Corporation OCEAN ISLAND, INC.			
3. Principal Office Address 400 Atwood Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Chinese American 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 WING FAI CHAU			Vice-President Name		
Street Address 17 Rock Hill Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name SIU FUN CHAU			Treasurer Name SIU FUN CHAU		
Street Address 17 Rock Hill Drive			Street Address 17 Rock Hill Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WING FAI CHAU			Director Name SIU FUN CHAU		
Street Address 17 Rock Hill Drive			Street Address 17 Rock Hill Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES common	PAR VALUE no par value
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 WING FAI CHAU, President				Date 4/18/24	
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.ri.gov