RI SOS Filing Number: 202454421800 Date: 5/1/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division						2024	RV	
Annual Report for the year: 2024 Corporation				•	1110	10	V	
Department of State - Business Services Division Annual Report for the year: 2024 Corporation Filing period: February 1 - May 1								
→ Filing Fee: \$50.00		lad by May 21						
1. Entity ID Number	fee if form is not filed by May 31. 2. Exact name of the Corporation							
000041709	YOUNG LAU, INC.							
3. Principal Office Address	City		State		Zıp			
1172 MAIN STREET			WYON	MING	RI	1	02898	
4. NAICS Code	6. Brief description	on of the characte	er of busines	s conducted in Rhode	Island			
722511	OPERATION OF A RESTAURANT							
5. State of Incorporation								
RHODE ISLAND								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name YING CHONG YOUNG				Vice-President Name EDMOND WEN JIE WU				
Street Address 14 SUNRISE DRIVE			Street Address 118 STOUGHTON STREET					
City WESTERLY	State RI	^{Z₁p} 02891		NCY	i_	MA	^{Zip} 02169	
Secretary Name YING CHONG YOUNG			Treasurer Name YING CHONG YOUNG					
Street Address 14 SUNRISE DRIVE			1	Street Address 14 SUNRISE DRIVE				
City WESTERLY	State RI	^{Z_{ip}} 02891	City WESTERLY			RI	^{Z_{ip}} 02891	
8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name							achment	
Director Name YING CHONG YOUNG Director Name EDMOND WEN JIE WU								
Street Address 14 SUNRISE DRIVE			Street Address 118 STOUGHTON STREET					
City WESTERLY	State RI	^{Z_{iP}} 02891	City QUINCY		State	MA	^{Zip} 02169	
Director Name FLAUBERT LAU				Director Name				
Street Address 7007 HARROW STREET			Street Address					
City FOREST HILLS	State NY	^{Zip} 11375	City		State		Zip	
9. Shares Authorized	10. Shares Issu							
This information is currently of record in the Department of State. Changes require an additional filing.		224		COMMON		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 re-								
ceiver 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 Date								
YING CHONG YOUNG					1	4/24/2024		
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