



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.

MAY 28 2024 STAMP
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1. Entity ID Number 000889777		2. Exact name of the Corporation YAN'S CUISINE OF PROVIDENCE, INC.			
3. Principal Office Address 83 Benevolent Street		City Providence	State RI	Zip 02906	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island Operation of a Chinese 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 Yan Xu		Vice-President Name Yan Xu			
Street Address 25 Larkspur Road		Street Address 25 Larkspur Road			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Yan Xu		Treasurer Name Yan Xu			
Street Address 25 Larkspur Road		Street Address 25 Larkspur Road			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Yan Xu		Director Name			
Street Address 25 Larkspur Road		Street Address			
City East Greenwich	State RI	Zip 02818	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	PAR VALUE	
		1,000	CNP	\$0.0000	
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 Yan Xu				Date 5/23/24	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					