



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
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

JUL 12 2024

BY

1. Entity ID Number 00030737		2. Exact name of the Corporation Sisters Chinese Resturaunt Inc.							
3. Principal Office Address 3301 Post Rd		City Wawrick	State Ri						
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island serving food							
5. State of Incorporation Ri									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name Yeuk Sau Li		Vice-President Name							
Street Address 3301 Post Rd		Street Address							
City Wawrick	State Ri	Zip 02886							
Secretary Name		Treasurer Name							
Street Address		Street Address							
City	State	Zip							
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
Director Name		Director Name							
Street Address		Street Address							
City	State	Zip							
Director Name		Director Name							
Street Address		Street Address							
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500		
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
500									
Changes require an additional filing.									
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 Yeuk Sau Li		Date 7-10-24							
Signature of Authorized Representative Yeuk Sau Li									

MAIL TO:
Division of Business Services
148 W. River Street Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov