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State of Rhode Island

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

Department o	r State - Busine	ess Services	DIVISION				
Annual Report for the year Corporation				'			
→ Filing period: Februar → Filing Fee: \$50.00 → Penalty Additional \$25		t filed by May 31		130 hZG 26.3	- סכו יייייי		
Entity ID Number		of the Corporation	1	25	(L)		
000543320	S&WT	S & W TOKYO INC.			Self Self		
3. Principal Office Address			City	State :: :	⊂ Zip		
400 BALD HILL ROAD F7			WARWICK	<u>ළ</u>	02886		
4. NAICS Code	·	6. Brief description of the character of business conducted in Rhode Island					
722513	Restaurar	Restaurant - Retail Food					
5. State of Incorporation							
Rhode Island							
7. List ALL off cers (names an	d addresses)		Vice-President Name	heck the box to indicate an	attachment L.J		
President Name XUE XIA ZHENG			Vice-President Name				
Street Address 2 COUNTY WIDE LANE			Street Address				
City CENTEREACH	State NY	^{Zip} 11720	City	State	Z _i p		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zıp	City	State	Z _i p		
8. List ALL directors (names a	and addresses)			heck the box to indicate ar	attachment 🔲		
Director Name			Director Name				
Street Address			Street Address				
C::y	State State	Zıp	Спу	State	Zıp		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zıp		
9. Shares Authorized		10. Shares Iss		Check the box to indicate a			
This information is currently of Department of State.	record in the	NUMBER OF	SHARES	CLASS/SERIES	PAR VALUE		
Changes require an additional filing.		100	>		D		
				Maria de la compania	and of o so		
11. This report must be execu	ited on behalf of the c rust he executed on l	corporation by an a nehalf of the corpo	iuthorized representative. ration by the receiver or tri	if the corporation is in the rustee.	ianos oi a re-		
ceiver or trustee, this report n Under penalty of perjury, I c	declare and affirm th	nat I have examin	ed this report, including	any accompanying sche	dules and		
statements, and that all statements contained herein are true and Name of Authorized Representative			a correct.	Date			
XUE XIAN ZHENG				10/16/2024			
Signature of Authorized Repre	esentative		FILED				
The work homes	Can		OCT 25 2024	0.00	ÎWI		
MAIL TO: U Division of Business Services			mussn	D. 9:37	Π(''·		

FORM 630- Revised 12/2023