



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 03 2025

BY 1026 PAA

1. Entity ID Number 000151164		2. Exact name of the Corporation LEE HEALTHCARE TUINA BODYWORK CENTER INC.			
3. Principal Office Address 16A LUDLOW RD			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 812199		6. Brief description of the character of business conducted in Rhode Island CHINESE FOOT REFLEXOLOGY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name QI WANG			Vice-President Name		
Street Address 16A LUDLOW RD			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name QI WANG			Treasurer Name QI WANG		
Street Address 16A LUDLOW RD			Street Address 16A LUDLOW RD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
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	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
			0	STK	0.01
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 QI WANG				Date 02/01/25	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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