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State of Rhode Island

Department of State - Business Services Division

Annual Report for the yr
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

FEB 26 2025

BY

SUBSISTIVE EDITS
RI DOS MADE NON-SUBSISTIVE EDITS

1. Entity ID Number 001664825		2. Exact name of the Corporation Three Dragons Inc			
3. Principal Office Address 6 WELLSRING DRIVE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island FOOD SERVICE CHINESE RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JIN WEN WU			Vice-President Name		
Street Address 6 WELLSRING DRIVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name JIN WEN WU			Treasurer Name JIN WEN WU		
Street Address Same as the above			Street Address Same as the above		
City	State	Zip	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	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.		NUMBER OF SHARES		CLASS/RETS	PAR VALUE
Changes require an additional filing.		100		CWP	1.0
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 JIN WEN WU					Date 2/15/25
Signature of Authorized Representative					