| . 24.1 | P٨ | 1 |
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|---|--|----------------------------------|----------------|---|---------------------------|----------------------------------|--|--|
| State of Rhode Island Department of Sta | ito - Rucinocu | r Sarvicae Ni | FILED | | | | | |
| Annual Report for the ye Corporation | | 025 | | PRONON BY Z | 2 6 2025 | | | |
| → Filing period: February 1 - I → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe | · | ed by May 31. | | JOHN SO | 0(| Y _ | | |
| 1 Entity ID Number 001664825 | 2. Exact name of the Corporation Three Dragons Inc | | | | | | | |
| 3 Principal Office Address 6 WELLSPRING DRIVE | | CRANS | TON | State RI | Z ₁ p 02920 | | | |
| 4. NAICS Code | 6. Brief description of the character of business conducted in | | | onducted in Rhode Is | land | | | |
| 722511 5 State of Incorporation RI | FOOD SERVICE CHINESE RESTAURANT | | | | | | | |
| | List ALL officers (names and addresses) | | | Check the box to indicate an attachment | | | | |
| President Name JIN WEN WU | ent Name JIN WEN WU . | | Vice-Presiden | t Name | • | ·• | | |
| Street Address 6 WELLSPRING | G DRIVE | • | Street Address | 5 | | | | |
| City CRANSTON | State RI | ^{Zip} 02920 | City | • | State | Zφ | | |
| 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 | Zıp | | |
| 8 List ALL directors (names and addresses) Check the box to indicate an attachment | | | | | | | | |
| Director Name | | | Director Name | Oirector Name | | | | |
| Street Address | | | Street Address | | | | | |
| Cny | State | Z ip | City | | State | Zip | | |
| Director Name | | Director Name | | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | | State | Ζφ | | |
| Shares Authorized This Information is currently of record | and the Abra | 10. Shares Issue | | Check I | | ndicate an attachment FAR VALUE | | |
| Department of State. | o in the | | | CWP | · | 1.0 | | |
| Changes require an additional filing. | | 100 | 100 CWP | | | 1.0 | | |
| 11. This report must be executed on behalf of the corporation by an authorized refresentative. If the corporation is in the hands of a receiver or | | | | | | | | |
| to stand this expect must be executed as behalf of the compensation by the receives or labeles. | | | | | | | | |
| Statements, and that all statements contained herein are true and correct. | | | | | | | | |
| JIN WEN WU | 12 | ear h | N | Oby | 7 | 15/25 | | |
| 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 Signature of Authorized Representative | | | | | | | | |

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