



State of Rhode Island
Department of State - Business Services Division

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.

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SOS

1. Entity ID Number 001713818		2. Exact name of the Corporation Chowbus, Inc.	
3. Principal Office Address 224 S. Michigan Ave., Ste. 400		City Chicago	State IL
		Zip 60604	
4. NAICS Code 492210	6. Brief description of the character of business conducted in Rhode Island Technology platform for food delivery, and any and all lawful business or activity for which a corporation may be incorporated in DE and RI.		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Linxin Wen		Vice-President Name VACANT	
Street Address 224 S. Michigan Ave., Ste. 400		Street Address	
City Chicago	State IL	Zip 60604	
Secretary Name Suyu Zhang		Treasurer Name Howard Bhyun	
Street Address 55 E. Jackson Blvd., Ste. 450		Street Address 224 S. Michigan Ave., Ste. 400	
City Chicago	State IL	Zip 60604	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Linxin Wen		Director Name Suyu Zhang	
Street Address 224 S. Michigan Ave., Ste. 400		Street Address 224 S. Michigan Ave., Ste. 400	
City Chicago	State IL	Zip 60604	
Director Name Harley Miller		Director Name Yining Wei	
Street Address 224 S. Michigan Ave., Ste. 400		Street Address 224 S. Michigan Ave., Ste. 400	
City Chicago	State IL	Zip 60604	
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	
		17,447,720	Common
		14,224,099	Preferred
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 Linxin Wen			Date 3/19/2025
Signature of Authorized Representative			

FILED

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

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CHOWBUS, INC.

Attachment
to
2024 Annual Report
State of Rhode Island, Dept. of State, Div. of Bus. Serv.
(FORM 630)

8. DIRECTORS

<u>Name</u>	<u>Address</u>
Matthew C. Roberts	224 S. Michigan Ave., Ste. 400 Chicago, IL 60604
Mark Lawrence	224 S. Michigan Ave., Ste. 400 Chicago, IL 60604