RI SOS Filing Number: 202569728810 Date: 4/9/2025 4:00:00 PM



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

APR 0,9 2025

BY 16618

Ferialty, Additional \$25.00 i					·		=
Entity ID Number	2. Exact name of the Corporation						
18812	OCEAN ISLAND, INC.						
3. Principal Office Address	<u> </u>	,	City		State	IZin	\dashv
•			1 '			Zip	
17 Rock Hill Drive			Cranst	on	RI	02920	<i>!</i>
4. NAICS Code	6. Brief descrip	tion of the characte	er of business	s conducted in Rhode	Island		ヿ
722511	l						
	Chinese American Restaurant						
5. State of Incorporation							
RI							I
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Wing Fai Chau			Vice-President Name				
Stront Address			Street Address				
17 ROCK HIII Drive							
Cranston	State RI	^{Zip} 02920	City		State	Zip	\neg
Cranston	I NI	02920	ļ			<u> </u>	႕
Secretary Name Siu Fun Chau			Treasurer Name Siu Fun Chau				
Street Address 17 Rock Hill Drive			Street Address 17 Rock Hill Drive				
						4	
Cranston	State RI	^{Z_{ip}} 02920	City Cranston		State R	Zip 02920)
8. List ALL directors (names and a	ddresses)			Check the	box to indic	ate an attachment [コ
Director Name Wing Fai Chau			Director Name				
Street Address			Street Address				
Street Address 17 Rock Hill Drive							
^{City} Cranston	State RI	^{Z_{IP}} 02920	City		State	Zip	\neg
Director Name			Director Name				
Charat Addison			Street Address				
Street Address			Sileet Address				
City	State	Zıp	City		State	Zıp	
O Channa A Abasiand	<u> </u>	10 Characles		Chaple the	a hay ta indi	note on attachment	닊
9. Shares Authorized This information is currently of reco		0. Shares Issued Check the box to indicate an attachment ☐ NUMBER OF SHARES CLASS/SERIES PAR VALUE					
Department of State.		300				no par value	
		300		common		no par value	
Changes require an additional filing	•						
11. This report must be executed a	n hehalf of the o	ornoration by an a	uthorized rep	t presentative if the co	poration is it	n the hands of a re-	\dashv
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							\dashv
Wing Fai Chau, President					4	12125	
Signature of Authorized Representative							
Wr. A. C1							
Ceiver or trustee, this report must to Under penalty of perjury, I declar statements, and that all statements Name of Authorized Representative Wing Fai Chau, President	pe executed on the second of t	pehalf of the corpor lat I have examine	ation by the red this repor	receiver or trustee.			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov