RI SOS FIIII	ng Number: 202:	0/3205260	Date: 5/15/2025 4:	00:00 PM		
State of Rhode Department	ST	STAMP				
Annual Report for the y Corporation → Filing period: Februa → Filing Fee: \$50.00					FOR SECNETARY OF STATE USP ONLY	
→ Penalty: Additional \$3						
1. Entity ID Number 1422		of the Corporation				
3. Principal Office Address			City	State	Zip	
Lincoln Mall, 622 Ge			Lincoln	RI 02865		
4. NAICS Code 722511	6. Brief descri	Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation	Restaura	Restaurant.				
RHODE ISLAND				•		
7. List ALL officers (names a	and addresses)	·	C	heck the box to indicate an	attachment 🗷	
Cecilia S	. Chin		Vice-President Name Ch	ayenne S. Chin		
Street Address 622 George Washington Hwy			Street Address 622 George Washington Hwy			
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	Zip 02865	
Secretary Name Charles	7. Chin	•	Treasurer Name Charl	es Y. Chin		
Street Address 622 George Washington Hwy			Street Address 622 George Washington Hwy			
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	Zip 02865	
8. List ALL directors (names	and addresses)			heck the box to indicate an		
Director Name Cecilia S. Chin			Director Name Charles Y. Chin			
Street Address 622 George Washington Hwy			Street Address 622 George Washington Hwy			
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	Zip 02865	
Director Name Chayenne S. Chin			Director Name Chenelle S. Chin			
Street Address 622 George Washington Hwy			Street Address 622 George Washington Hwy			
^{City} Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	Zip 02865	
9. Shares Authorized	. Shares Authorized 10. Shares Issu			theck the box to indicate an	attachment [
This information is currently of record in the Department of State.		NUMBER OF	SMARES	CLASS/SERIES	PAR VALUE	

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.

990

Name of Authorized Representative

Changes require an additional filing.

CECILIA S. CHIN, President

FILED

Date

04/15/2025

Common Stock

Signature of Authorized Representative

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 630- Revised: 12/2023

No Par Value



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual	Report f	for the year:	2025
Carnar	ation		

Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if for

[ATTACHMENT]

A F-12 ID								
1. Entity ID Number	2. Exact name of the Corporation							
1422	ASIA F	RESTAURAN	TS, INC.					
3. Principal Office Address			City	 ·	State		Zip	
Lincoln Mall, 622 George	Lincol		RI		02865			
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
722511	Restau	Restaurant.						
5. State of Incorporation								
RHODE ISLAND								
7. List ALL officers (names and a		Check the box to indicate an attachment 🗹						
President Name	Vice-President Name Chenelle S. Chin							
Street Address	Street Address 622 George Washington Hwy							
City	State	Zip	City	oln	State	RI	Zip 02865	
Secretary Name	Treasurer Name							
Street Address	Street Address							
City	State	Zip	City		State	·	Zip	
8. List ALL directors (names and	addresses)		<u></u>	Check the bo	ox to indic	cate an att	achment 🗀	
Director Name	· •		Director Na					
Street Address			Street Address					
City	State	Zip	City	<u> </u>	State		Zip	
Director Name	Director Name							
Street Address	Street Address							
City	State	Ζίρ	City	 ,	State		Zip	
9. Shares Authorized	10. Shares Iss		I ued Check the		box to indicate an attachment			
This information is currently of rec	ord in the	NUMBER C	F SHARES	CLASS/SERIES		,	PAR VALUE	
Department of State.		990		Common Stock		No Par Value		
Changes require an additional filin	g.							
11. This report must be executed ceiver or trustee, this report must	on behalf of th	e corporation by an	authorized rep	presentative. If the corpo	ration is	n the hand	ls of a re-	
Under penalty of perjury, I deci	are and affirm	that I have examin	ed this repor	t, including any accon	npanying	schedule	s and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date								
CECILIA S. CHIN, President					Date 04/15/2025			
Signature of Authorized Representation	,				I			
I was N'C	me							

MAIL TO:

Division of Business Services

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

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