State of Rhode Island Department of State - Business Services Division					JUL 1 4 2825		
Annual Report for the year:							
Corporation — — — — — — — — — — — — — — — — — — —							
Filing period: February 1 - May 1							
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe		,-,1,7i id	DEPT. OF	• a			
1. Entity ID Number	2. Exact name of			DI	IS STES DIV	<u> </u>	
001736737 Sisters chinese REStallfalls 140							
3. Principal Office Address	-		City		State_ 1. 4	Zip	
3301 POST Rd			<u> </u>	wick	RI	02886	
4. NAICS Code	6. Brief descriptio	n of the character	of business	s conducted in Rhode I	Island		
1225//							
State of Incorporation Restaurant Forver Food							
<u> </u>		· ·	ر ر				
7. List ALL officers (names and addresses)				Check the box to indicate an attachment Vice-President Name			
President Name York Sau Li							
Street Address 3301 Post Rd			Street Address				
city Warwick	State R (^{Zip} 02886	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	-	State	Žip .	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name				Director Name			
Street Address				Street Address			
City	State	Zıp	City		State	Zip	
Director Name			Director Nar	ne			
Street Address				Street Address			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issued			box to indicate an a		
This information is currently of record in the Department of State.		NUMBER OF SH	ARES	CLASS/SFRIE	S	PAR VALUE	
		900		<u> </u>		7	
Changes require an additional filing.							
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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 Date							
Hame of Authorized Nepresentative					Date 7 — (0-25	
Signature of Authorized Representative							
	- thou						

MAIL TO:

Division of Business Services

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