

A. Ralph Mollis, Secretary of Stat Corporations Divisio. 148 W. River Stree Providence, RI 02904-261 401.222.304

## 2012 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000560015		2. Name of Corporation YELLOW RIVER INC						
3. Street Address Principal Business Office 567 SOUTH COUNTY TRAIL UNIT 109			City EXETER	State RI	<sup>Zip</sup> 02822			
4. Business Phone No. 5. State of Incorporation 401-295-8886 RHODE ISLAN								
6. Brief Description of the C	baracter of Business Conduc	ted in Rhode Island						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT President Name BING LIU			ATTACHMENT) THE FILL IN Vice President Name	The first of the state of the s				
Street Address 567 S COUNTY TRAIL UNIT 109			Street Address	Street Address				
City EXETER	State RI	<sup>Zip</sup> 02822	City	State	Zψ			
Secretary Name			Treasurer Name	Treasurer Name				
Street Address			Street Address	Street Address				
City	State	Zip	Сііу	State	Z.ip			
8. NAMES AND ADDI Director Name NONE	RESSES OF THE DIRE	CTORS: ("X" BOX FO	R ATTACHMENT)   FILL I Director Name	N SPACES BEFORE USING	G ATTACHMENTS			
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City	State	Ζip	Сиу	State	Zíp			
Director Name		,J	Director Name	Director Name				
Street Address			Street Address	Street Address				
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9. SHARES AUTHOR	ontelladin servicine (1990 (1755 (1990 (1990))) ZBD OSCIONA manusimular (1991 (1990)) (1990) (1990) (1990)			**************************************	INE (T)			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				Class/Series	Par Value			
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		e corporation by an aut	horized representative. If the eliver or trustee.	corporation is in the hands	s of a receiver or trustee,			

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FOR SECRETARY OF STATE USE ONLY

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•	Signature		Date
	BING LIU		
	Print or Type Name		
	PRESIDENT		
	Title		 