



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 487689		2. Exact name of the Corporation ASIAN PALACE, INC.			
3. Principal office address 1190 N. MAIN ST		City PROVIDENCE	State RI	Zip 02904	
4. Business Phone No. (401) 228-7805		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RESTAURANT, FOOD SERVICE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)					
President Name MING LING YAU			Vice-President Name NIA		
Street Address 04 CASTLE ROCK RD.			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name NIA			Treasurer Name NIA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)					
Director Name MING LING YAU			Director Name NIA		
Street Address 04 CASTLE ROCK RD.			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name NIA			Director Name NIA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (X BOX FOR ATTACHMENT)		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		NO PAR

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

File Date: _____
 Check No: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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487689

A.A.

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.

(X) Ming Ling Yau
 Signature of Authorized Representative Date _____
MING LING YAU, PRESIDENT
 Print or Type Name of Authorized Representative