



# State of New Hampshire 2013 ANNUAL REPORT

The following information shall be given as of January 1  
 preceding the due date Pursuant to RSA 293-A:16.22.

**REPORT DUE BY April 1, 2013**

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
 WILL BE ASSESSED A LATE FEE.

CHINA YAN RESTAURANT, INC.

136 Bowery Suite 203  
 New York, NY 10013

|                    |               |
|--------------------|---------------|
| ENTITY TYPE:       | CORPORATION   |
| BUSINESS ID:       | 423383        |
| STATE OF DOMICILE: | NEW HAMPSHIRE |

|  |
|--|
| ADDRESS OF PRINCIPAL OFFICE:<br>256 CENTRAL AVENUE<br>DOVER, NH 03820                  |
| 1 REGISTERED AGENT AND OFFICE:<br>EN YAN ZHAO<br>256 CENTRAL AVENUE<br>DOVER, NH 03820 |

2 If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address \_\_\_\_\_

The new principal office address \_\_\_\_\_

PO Box is acceptable.

| OFFICERS   |   | BOARD OF DIRECTORS  |  |
|--|---|---|--|
| NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).<br>(MUST LIST AT LEAST ONE OFFICER BELOW) |   | NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).<br>(MUST LIST AT LEAST ONE DIRECTOR BELOW) |  |
| A  | NAME <u>EN YAN ZHAO</u><br>STREET <u>256 CENTRAL AVE</u><br>CITY/STATE/ZIP <u>DOVER NH 03820</u>    | B   | NAME <u>EN YAN ZHAO</u><br>STREET <u>256 CENTRAL AVE</u><br>CITY/STATE/ZIP <u>DOVER, NH 03820</u>    |
| 3  | NAME <u>ZHENG JI ZHENG</u><br>STREET <u>256 CENTRAL AVE</u><br>CITY/STATE/ZIP <u>DOVER NH 03820</u> |   | NAME <u>ZHENG JI ZHENG</u><br>STREET <u>256 CENTRAL AVE</u><br>CITY/STATE/ZIP <u>DOVER, NH 03820</u> |
|  | NAME _____<br>STREET _____<br>CITY/STATE/ZIP _____  |   | NAME _____<br>STREET _____<br>CITY/STATE/ZIP _____   |
|  | NAME _____<br>STREET _____<br>CITY/STATE/ZIP _____  |   | NAME _____<br>STREET _____<br>CITY/STATE/ZIP _____   |

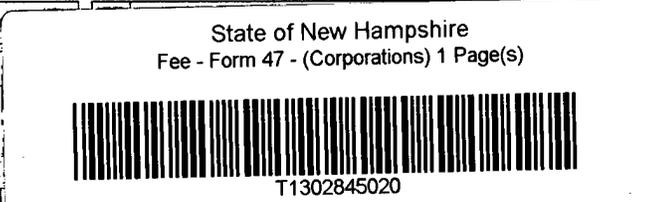
NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4 To be signed by an officer, director, or any other person authorized by the board of directors.  
 I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: X Zhao En Yan

Please print name and title of signer: EN YAN ZHAO 1 PRES.  
 NAME TITLE

FEE DUE: \$100.00



WHEN THIS FORM IS PUBLIC DOCUMENT REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE  
 RETURN COMPLETED REPORT AND PAYMENT TO:  
 New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301