

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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(codd)) is

subject to a penalty fee of \$25.00.				, y sy (3	
1. Corporate ID No. 2. Name of Corporation Sakura Restaurant, Inc.					
3. Street Address Principal Business C 231 Wirkend	line len St.		Providence	State F.	2403
4. Business Phone No. (401) 331-6861			R.1.		
6 Brief Description of the Character of Business Conducted in Rhode Island Tipinese Restaurt					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
C.M. KOH			A. Zhong Jiang		
Street Address 16 East Transit			Street Address 166 George M Cohan Blad City Practidence State R. 1 Zip 02903		
con Providence	State R1.	02406	City Providence	State R.	02903
Secretary Name CM: KOH			Treasurer Name Liyu Liu		
Street Address			Street Address 166 George M Cohan BIND City Providence State R.1 Zip 02923		
City	State	Zip	cuy Providence	State R. 1	2ip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name					
Street Address			Street Address		
City	State	Zip	City	State	Zip P
Director Name			Director Name ?:		
Street Address			Street Address		5 - 5
Сиу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED					ENT)
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			4,000		f.1.00
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 declare and affirm that I have examined this report.					
including any accompanying schedules and statements, and that all statements contained herein are true appropriet.					
File Date 7/2 v/09					
FEB 2 0 2009 Date					
Check No.	1564		CM Kay		
B_{W} By O_{X}	1337		Print or Type Name		
FOR SECRETARY OF STATE USE ONLY			President		
I STANDER BERNET OF STA		1	Title		