



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2401
401.222.3333

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 142028		2. Name of Corporation ICHIBAN CORPORATION			
3. Street Address Principal Business Office 146 Gansett Avenue		City Cranston	State RI	Zip 02920	
4. Business Phone No. (401) 432-7220		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To operate, maintain and carry on a restaurant business; to market, prepare and sell all food, beverages, alcoholic or non-alcoholic and other preparations and refreshments of all kinds.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Tong Il Kim		Vice President Name Wai Ming Kim			
Street Address 146 Gansett Avenue		Street Address 146 Gansett Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Wai Ming Kim		Treasurer Name Wai Ming Kim			
Street Address 146 Gansett Avenue		Street Address 146 Gansett Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name Tong Il Kim		Director Name Wai Ming Kim			
Street Address 146 Gansett Avenue		Street Address 146 Gansett Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common	No Par Value	100	Common	No Par Value

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.

FILED

File Date **FEB 25 2009**

Check No. **By 2900**

By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature Wai Ming Kim Date 2/13/09

Print or Type Name WAI MING KIM

Title V.P.