



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* 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. 298689 | | 2. Name of Corporation KON ASIAN BISTRO INC | | | |
| 3. Street Address Principal Business Office 555 MAIN STREET | | City EAST GREENWICH | | State RI | Zip 02818 |
| 4. Business Phone No. (401)886-9200 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island FULL SERVICE RESTAURANT | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name AI HUI LU | | | Vice President Name | | |
| Street Address 555 MAIN STREET | | | Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | State | Zip |
| Secretary Name AI HUI LU | | | Treasurer Name | | |
| Street Address 555 MAIN STREET | | | Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | State | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name AI HUI LU | | | Director Name | | |
| Street Address 555 MAIN STREET | | | Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| | | | 1000 | COMMON STOCK | NO PAR |
| | | | | | |

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 **MAR 09 2010**
Check No. _____
By: **BY 2257**
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 *[Signature]* Date 3/15/2010
Print or Type Name Nina Dong
Title Manager.