



**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 2012
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. 40350
2. Name of Corporation Japanese Restaurant Perry, Inc.
3. Street Address Principal Business Office
1210 OAKLAWN AVENUE
4. Business Phone No. 4014638338
5. State of Incorporation RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island
RESTAURANT

City State Zip
CRANSTON RI 02920

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Haruki Kibe
Street Address
280 Locust Glen Drive
City State Zip
Cranston RI 02921

Vice President Name
Street Address
City State Zip

Secretary Name
Christine Kibe
Street Address
280 Locust Glen Drive
City State Zip
Cranston RI 02921

Treasurer Name
Haruki Kibe
Street Address
280 Locust Glen Drive
City State Zip
Cranston RI 02921

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Haruki Kibe
Street Address
280 Locust Glen Drive
City State Zip
Cranston RI 02921

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 COMM NO PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
40 Common 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

JUN 07 2012

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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 of Officer _____ Date 6/7/12

Haruki Kibe
Print or Type Name of Officer

President
Title of Officer

40350 DBC 09/25/06 12:41:28 PM By: _____
File Date _____
Check No. _____
By: _____
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