

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |   |   |                    |                          |
|--|--------------------|---|---|--------------------|--------------------------|
| 1. Entity ID No.<br><b>616124</b>  |                    | 2. Exact name of the Corporation<br><b>SOBAN INC.</b> |   |                    |                          |
| 3. Principal office address<br><b>229 THAYER STREET</b>  |                    |   | City<br><b>PROVIDENCE</b>                         | State<br><b>RI</b> | Zip<br><b>02906-1215</b> |
| 4. Business Phone No.<br><b>401-751-1234</b>   |                    |   | 5. State of Incorporation<br><b>RI</b>            |                    |                          |
| 6. Brief description of the character of business conducted in Rhode Island<br><br><b>RESTAURANT - FAST FOOD</b>   |                    |   |   |                    |                          |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>   |                    |   |   |                    |                          |
| President Name<br><b>GRACE KIM</b>   |                    |   | Vice-President Name                               |                    |                          |
| Street Address<br><b>103 ARBOR DR.</b>   |                    |   | Street Address                                    |                    |                          |
| City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02908</b>                                   | City  | State              | Zip                      |
| Secretary Name   |                    |   | Treasurer Name<br><b>EUN SOOK MOON</b>            |                    |                          |
| Street Address   |                    |   | Street Address<br><b>103 ARBOR DR.</b>            |                    |                          |
| City   | State              | Zip   | City<br><b>PROVIDENCE</b>                         | State<br><b>RI</b> | Zip<br><b>02908</b>      |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>  |                    |   |   |                    |                          |
| Director Name  |                    |   | Director Name                                     |                    |                          |
| Street Address   |                    |   | Street Address                                    |                    |                          |
| City   | State              | Zip   | City  | State              | Zip                      |
| Director Name  |                    |   | Director Name                                     |                    |                          |
| Street Address   |                    |   | Street Address                                    |                    |                          |
| City   | State              | Zip   | City  | State              | Zip                      |
| <b>9. SHARES AUTHORIZED</b>  |                    |   | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> |                    |                          |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |                    |   | NUMBER OF SHARES                                  | CLASS/SERIES       | PAR VALUE                |
|  |                    |   | 200   |                    |                          |

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.

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

**MAY 30 2014**

**1813**

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 of Authorized Representative  
 Date **5/15/14**

**GRACE KIM**  
 Print or Type Name of Authorized Representative