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 2016

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.	2. Exact name of the Corporation		
142028	**ICHIBAN CORPORATION**		
3. Principal office address **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 food and beverages of all kinds.

President Name			Vice-President Name		
Tong Il Kim			**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**

Director Name			Director Name		
Tong Il Kim			**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**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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.

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.

2/16/2016
Signature of Authorized Representative — Date

Wai Ming Kim, Vice President
Print or Type Name of Authorized Representative

FILED
FEB 19 2016
BY 268084

Form No. 630
Revised: 01/2012

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