



**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. <b>142028</b>		2. Exact name of the Corporation <b>ICHIBAN CORPORATION</b>			
3. Principal office address <b>146 Gansett Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>(401) 432-7220</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To operate, maintain and carry on a restaurant business, to market, prepare and sell food and beverages of all kinds.</b>					
President Name <b>Tong Il Kim</b>			Vice-President Name <b>Wai Ming Kim</b>		
Street Address <b>146 Gansett Avenue</b>			Street Address <b>146 Gansett Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Wai Ming Kim</b>			Treasurer Name <b>Wai Ming Kim</b>		
Street Address <b>146 Gansett Avenue</b>			Street Address <b>146 Gansett Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name <b>Tong Il Kim</b>			Director Name <b>Wai Ming Kim</b>		
Street Address <b>146 Gansett Avenue</b>			Street Address <b>146 Gansett Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</b>

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*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.**

**FILED** ✓

FEB 19 2016

Signature of Authorized Representative: Wai Ming Kim Date: 2/16/2016

**Wai Ming Kim, Vice President**

Print or Type Name of Authorized Representative

BY Au 268084