



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. <u>126601</u>		2. Exact name of the Corporation <u>Haruki East LTD.</u>			
3. Principal office address <u>1210 Oaklawn Ave.</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	
4. Business Phone No. <u>401 463 8338</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Restaurant</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Haruki Kibe</u>			Vice-President Name		
Street Address <u>6 Chamberlain Ct.</u>			Street Address		
City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>	City	State	Zip
Secretary Name <u>Haruki Kibe</u>			Treasurer Name <u>Haruki Kibe</u>		
Street Address <u>6 Chamberlain Ct.</u>			Street Address <u>6 Chamberlain Ct.</u>		
City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>	City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>N/A</u>			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
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.					

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

Form No. 630
Revised: 01/2012

FILED

MAR 04 2016

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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.

Haruki Kibe 2/29/16
Signature of Authorized Representative Date
Print or Type Name of Authorized Representative Haruki Kibe president