

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN	BLACK)		•		
1. Corporate ID No. 126601	 Name of Corporati Haruki East, Lt 		and and a second of the second	Anniforder and a first of delicerate and granders have a second and	THE PART OF THE PA
3. Street Address Principal Bus	3	a.		entrentre de ante de 1971 (a a Abresta a Lemma 1974 (a a abresta 1974)	
1210 OAKLAWN AVE			City	State	Zip
4. Business Phone No.	·	5. State of Incorporation	CRANSTON	RI	02920-
4014638338		RHODE ISLAND			6. SIC Code
7. Brief Description of the Chai	racter of Rusiness Canduc	1	ef 1 m - 1 - 1 1 ANN AND AN AND AND		······································
TO OWN AND OPERATE	A FULL SERVICE	RESTAURANT		6	
8. NAMES AND ADDRES President Name	SES OF THE OFFIC	ERS ("X" BOX FOR ATT.	<i>achment)</i> 🗍 fill in s	SPACES BEFORE USING A	PTACHMENTS
Haruki Kibe			Vice President Name None		
Street Address	No. COMPANY CO. ST. C.	***************************************	Street Address		wanteers, was water a same a same as a same as a same
1210 Oaklawn Aven	ue		*		
City	State	Zip	City	: State	· 7in
Cranston	RI	02920	*		Zip
Secretary Name	* * * * * * * * * * * * * * * * * * * *	w. c	Treasurer Name	* * * * * * * * * * * * * * * * * * * *	* * \$\frac{1}{2} = \frac{1}{2} = \fr
Haruki Kibe	VA. 444.444.444.44.		"Haruki Kibe		
Street Address		7.2.2.4.00	Street Address	o mantana anti-materia, in 1995 a salato a mantana material (1915), se incompara e e e e e e e e e e e e e e e	AMMANATE STATE AND VANCET TO ALL AND AND A STATE OF THE S
same		District Administration of the second control of the second contro	*		
Cīty:	State	Zip	*Ciry	State	Zip
O NAMESAND ADDRES	Size OF THE BURG				WW. I Management and the second and
9. NAMES AND ADDRES Director Name	ors or the piket	IORO 1.X. BOX LOK AL	TACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
None			. Director Name		
Street Address	SI Annua in the second control of the second control of the second control of the second control of the second		Street Address		A NAMES AND
	State	hi haqaan aanaa aanaa aa saa saa saa saa aa aa aa aa aa aa	to a contract of the second se	entante de la companya de la company	Non-Year Superconduction and garage group group (g. 5. June 2. Superconduction (g. 5. June 2.
oliy	Siate	Zip	·City	State	Zip
Director Name			Director Name		ma – Šakvistvi
Street Address	АМ АТБЕТБЕ (MISS) И 1900 О ООО ООО ООООООО ООООО (1155 ДИДИ ИНООООООООО И ИНТЕР 15 Д	Sake communication of the service (\$250 km annother amount and the service an	- Street Address	annonne i titi i i i i i i i i i i i i i i i i	Mari Managanan (1991) salah
	State	Zip	«City	State	
	a condition of		*	State	Zip
10. SHARES AUTHORIZI	ED ("X" BOX FOR ATT	ACHMENT) 🗆	M. SHARFS ISSUED (*	X" BOX FOR ATTACHMEN	a ∩
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	common	no par
	and the second of the second second of the s	e e e e e e e e e e e e e e e e e e e	**************************************		<u> </u>
71				:	
This report must be <mark>signe</mark>	d in ink by either th	ne President, Vice Pres	sident, Secretary, Assi	istant Secretary, Treas:	urer, Receiver or Trustee
				·	,
E! IIAIR HEIN SINI					
1 2 6	6 D 1		Under panalty of no	river: I doologo and affirm.	41 4 7 1
			this report includin	rjury, I declare and affirm g any accompanying scheo	that I have examined
126601 DBC,01/05/05	03:09:59 PM	1	and that all statemen	nts contained herein are true	ie and correct.
1-21-	A		$^{\circ}$		
File Date	<u> </u>		(de	- د یا	In 13 05
Check No. 1661	and the second second		Signature of Officer	. 1 `/	Date
0.			Haraki	Kibe	
gy: S.C			Print or Type Name of	Officer	
OR SECRETARY OF STATE	USE ONLY		nuesider	1 t /	
	. –	i	Title of Officer		Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 126601 Haruki East, Ltd. 3. Street Address Principal Business Office City State Zip 1210 Oaklawn Avenue Cranston RI 02920 4. Business Phone No 5. State of Incorporation 6. SIC Code 3079 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN AND OPERATE A FULL SERVICE RESTAURANT 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Haruki Kibe None Street Address Street Address 1210 Oaklawn Avenue State City State ZipCranston 02920 Secretary Name Treasurer Name Haruki Kibe Haruki Kibe Street Address Street Address same same State City State Zib9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address State Zip City State Zip Director Name Director Name Street Address Street Address State Zip City State Ζip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 100 Common no par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. LECEIVED File Date __ Jan 8.04 Check No. JAN 2 2 2004 FOR SECRETARY OF STATE USE ONLY



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 126601 Haruki East, Ltd. 3. Street Address Principal Business Office City State 1210 Oaklawn Avenue Cranston RΙ 02920 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 463 -RHODE ISLAND 3079 To own and operate a full service restaurant 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Haruki Kibe None Street Address Street Address 1210 Oaklawn Avenue State City State Zip RI 02920 Cranston Secretary Name Treasurer Name Haruki Kibe Haruki Kibe Street Address Street Address same same City State State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address City City State Zip Director Name Director Name Street Address Street Address City City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100

	* 1 2 6 6 0 1 *
File Date:	1.24.03
Check No.:	7113
Ву:	P
FOR SECRETARY	OF STATE USE ONLY

respectively, a deciate and attituing	t i nave exammed
this report, including any accompanying schedule	es and statements, an
that all statements contained herein are true and	
Denid J	an.11, 2003
Signature of Officer L	Date
Haruki Kibe	
Print or Type Name of Officer	
president.	
Title of Officer	
4€2 5	Form 630 12/02

Under penalty of perjury. I declare and affirm that I have avaning d

common

no par