



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 2015

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. 000511853		2. Exact name of the Corporation Gifu Providence Inc	
3. Principal office address Sakura Japan, 1 Providence Place Union 5620		City Providence	State RI
		Zip 02903	
4. Business Phone No. (503)-371-7007		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Sushi Cafe			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Zhi Qing Ye		Vice-President Name Yu Cheng Li	
Street Address 387 Lake Street		Street Address 2047 W 13th Street	
City Shrewsbury	State MA	City Brooklyn	State NY
Zip 01545		Zip 11223	
Secretary Name Fang Tai Tang		Treasurer Name Jian Hong Yuan	
Street Address 2882 West 36TH Street		Street Address 16 Midvale Ave	
City Brooklyn	State NY	City Cranston	State RI
Zip 11224		Zip 02920	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Zhi Qing Ye		Director Name	
Street Address 387 Lake Street		Street Address	
City Shrewsbury	State MA	City	State
Zip 01545		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.			
NUMBER OF SHARES 0		CLASS/SERIES	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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

11:57 am
FILED

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
ZHI QING YE president
 Print or Type Name of Authorized Representative

OCT 07 2016

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