



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

check # 1051
\$700.00

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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	Zip 01545	City Brooklyn	State NY	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	Zip 11224	City Cranston	State RI	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	Zip 01545	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		

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 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.
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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.

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

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.

11:52 AM 8/18/16
 Signature of Authorized Representative Date

FILED ZHI QING YE President
 Print or Type Name of Authorized Representative

OCT 07 2016

By 285580 KM