



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

Amended



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLACK

1. Corporate ID No. <u>110502</u>	2. Name of Corporation <u>Sakura Restaurant, Inc.</u>				
3. Street Address Principal Business Office <u>231 Wickenden St., Prov.</u>		City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02903</u>	
4. Business Phone No. <u>401-331-6861</u>		5. State of Incorporation <u>R.I.</u>			6. SIC Code

Brief Description of the Character of Business Conducted in Rhode Island

Japanese restaurant

NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>C M KOH</u>			Vice President Name <u>AI-Zhong Jiang</u>		
Street Address <u>16 East Transit</u>			Street Address <u>49 Schofield St.</u>		
City <u>Prov.</u>	State <u>R.I.</u>	Zip <u>02906</u>	City <u>Prov.</u>	State <u>R.I.</u>	Zip <u>02903</u>
Secretary Name <u>Benjamin Weiss</u>			Treasurer Name <u>Li Xu Liu</u>		
Street Address <u>231 Wickenden St.</u>			Street Address <u>49 Schofield St.</u>		
City <u>Prov.</u>	State <u>R.I.</u>	Zip <u>02903</u>	City <u>Prov.</u>	State <u>R.I.</u>	Zip <u>02903</u>

NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			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

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>4000</u>		<u>No Par</u>

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>None</u>		

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

File Date: FEB 22 2001

Check No.: FEB 22 2001

By: [Signature]

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.

Signature of Officer

Date

2/22/2001

Print or Type Name of Officer

Title of Officer

C M KOH

President