State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000616808	**Mizuyama Japanese Restaurant Corp.**

3. Principal Office Address	City	State	Zip
250 East Main Road	**Middletown**	**RI**	**02842**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
72 - Accommodation and Food	**Full Service Restaurant**
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Xiangmin Ou**			Vice-President Name		
Street Address **250 East Main Road**			Street Address		
City **Middletown**	State **RI**	Zip **02842**	City	State	Zip
Secretary Name **Xiangmin Ou**			Treasurer Name		
Street Address **250 East Main Road**			Street Address		
City **Middletown**	State **RI**	Zip **02842**	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Xiangmin Ou**			Director Name		
Street Address **250 East Main Road**			Street Address		
City **Middletown**	State **RI**	Zip **02842**	City	State	Zip
Director Name **Mei Ou Liu**			Director Name		
Street Address **250 East Main Road**			Street Address		
City **Middletown**	State **RI**	Zip **02842**	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**200**	**CNP**	**0.0000**
Changes require an additional filing.			

11. 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.

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.

Name of Authorized Representative	Date
Xiangmin Ou	1/22/17
Signature of Authorized Representative	

FILED
FEB 0 2 2017
SIGN DOCUMENT HERE
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016