



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.

RECEIVED STATE
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 AUG 30 PM 2:29

1. Entity ID Number 854998	2. Exact name of the Corporation OKI JAPANESE STEAKHOUSE, INC
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3. Principal Office Address 1270 MINERAL SPRING AVENUE	City	State	Zip
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4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island RESTAURANT
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SALVATORE P. ESPOSITO	Vice-President Name MARIE A. ESPOSITO		
Street Address 1270 MINERAL SPRING AVENUE	Street Address 1270 MINERAL SPRING AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE
Secretary Name MARIE A., ESPOSITO	Treasurer Name MARIE A. ESPOSITO		
Street Address 1270 MINERAL SPRING AVENUE	Street Address 1270 MINERAL SPRING AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name SALVATORE P. ESPOSITO	Director Name MARIE A. ESPOSITO		
Street Address 1270 MINERAL SPRING AVENUE	Street Address 1270 MINERAL SPRING AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE
Director Name	Director Name		
Street Address	Street Address		
City	State	Zip	City

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES 400	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE

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
	8 30 17

Signature of Authorized Representative

FILED

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

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