



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
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			
3. Principal Office Address 1270 MINERAL SPRING AVENUE			City	State	Zip
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	State RI	Zip 02904
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	State RI	Zip 02904
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	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	CLASS/SERIES	PAR VALUE
			400	COMMON	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 <i>Michael Esposito</i>					Date 8 30 17
Signature of Authorized Representative <i>Michael Esposito</i>					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govAUG 30 2017
BY *KL* 311404

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