RI SOS Filing Number: 201855702330 Date: 1/5/2018 11:44:00 AM

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State of Rhode Island and Department of Sta			ivision		_	ريد در در در در	
Annual Report for the ye	ar: 2018	2				SEAIBR	
Corporation			_			Z 22 22 22 22 22 22 22 22 22 22 22 22 22	
→ Filing period: January 1 - N → Filing Fee: \$50.00				RECEI OR AT			
→ Penalty: Additional \$25.00 fe	ee if form is no	t filed by April 1.				<u> </u>	
Entity ID Number	2. Exact name of the Corporation						
001335821	Bento Nouveau Inc.						
3. Principal Office Address			City		State	Zip ιτι	
Sulte 208, 25 Centurian Orive			Markham		ON	L3R6N8	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
311911	TO MANUFACTURE AND SELL SUSHI AND SUSHI RELATED PRODUCTS TO RETAILERS						
5. State of Incorporation							
Delaware							
7. List ALL officers (names and add	resses)			Check t	the box to i	ndicate an attachment	
President Name Glenn Brown			Vice-President Name				
			Const Address				
Street Address Suite 208, 25 Centurian Drive			Street Address				
City Markham	State ON	Zip L3R6N8	City		State	Zip	
Secretary Name			Treasurer Name Michael Fricker				
Street Address	Street Address Suite 208, 25 Centurian Drive						
City	State	Zip	City Markham		State ON	Zip L3R5N8	
8. List ALL directors (names and ac	dresses)			Check	the box to i	ndicate an attachment	
Director Name Edward Knighton			Director Name Richard Hodgson				
Street Address Suite 208, 25 Centurian Drive			Street Address Suite 208, 25 Centurian Drive				
City Markham	State ON	Zip L3R5N8	City Markham		State ON	Zip L3R6N8	
Director Name		-	Oirector Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu		Check 1		ndicate an attachment 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.		100	100		<u> </u>	100	
					<u>.</u>		
11. This report must be executed o trustee, this report must be execute					ration is in 1	the hands of a receiver or	
Under penalty of perjury, I declar	re and affirm t	hat I have examine	d this report, i		panying s	chedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
						03-2018	
Signature of Authorized Represent	ative	SIGN DOC	UMENT HERE	ILED			
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: 10/2017