



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

Annual Report for the year: **2018**
 Corporation

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

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 SECRETARY OF STATE
 CORPORATION DIVISION
 2018 JAN 5 AM 11:44

1. Entity ID Number 001335821		2. Exact name of the Corporation Bento Nouveau Inc.			
3. Principal Office Address Suite 208, 25 Centurian Drive			City Markham	State ON	Zip L3R5N8
4. NAICS Code 311911		6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE AND SELL SUSHI AND SUSHI RELATED PRODUCTS TO RETAILERS			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Glenn Brown			Vice-President Name		
Street Address Suite 208, 25 Centurian Drive			Street Address		
City Markham	State ON	Zip L3R5N8	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 addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 L3R5N8
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		common	100
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. <i>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.</i>					
Name of Authorized Representative Glenn Brown					Date 01-03-2018
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **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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