



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

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