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

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CORPORATIONS

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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.

1. Entity ID Number	2. Exact name of the Corporation
142028	**ICHIBAN CORPORATION**

3. Principal Office Address	City	State	Zip
146 Gansett Avenue	**Cranston**	**RI**	**02920**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	**To operate, maintain and carry on a restaurant business, to market, prepare and sell food and beverages of all kinds.**
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Tong Il Kim	**Wai Ming Kim**
Street Address **146 Gansett Avenue**	Street Address **146 Gansett Avenue**
City **Cranston** State **RI** Zip **02920**	City **Cranston** State **RI** Zip **02920**
Secretary Name **Wai Ming Kim**	Treasurer Name **Wai Ming Kim**
Street Address **146 Gansett Avenue**	Street Address **146 Gansett Avenue**
City **Cranston** State **RI** Zip **02920**	City **Cranston** State **RI** Zip **02920**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Tong Il Kim	**Wai Ming Kim**
Street Address **146 Gansett Avenue**	Street Address **146 Gansett Avenue**
City **Cranston** State **RI** Zip **02920**	City **Cranston** State **RI** Zip **02920**
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**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	Date
Tong Kim	2/20/18

Signature of Authorized Representative: [signature]

SIGN DOCUMENT HERE

FILED
FEB 28 2018
BY 325509

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