State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

DEC 31 2018

BY QOC 10803

Annual Report for the year: 2019

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			
000126601	Haruki East LTD			
3. Principal Office Address		City	State	Zip
1210 Oaklawn ave		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511				
5. State of Incorporation				
RI	Full Service Restaurant			

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

President Name			Vice-President Name		
Haruki Kibe					
Street Address			Street Address		
C/o Chamberlain CT					
City	State	Zip	City	State	Zip
N. Smithfield	RI	02896			
Secretary Name			Treasurer Name		
Vilayphone Kibe			Haruki Kibe		
Street Address			Street Address		
6 Chamberlain CT			6 Chamberlain CT		
City	State	Zip	City	State	Zip
N. Smithfield	RI	02896	N. Smithfield	RI	02896

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

Director Name			Director Name		
Haruki Kibe					
Street Address			Street Address		
C/o Chamberlain CT					
City	State	Zip	City	State	Zip
N. Smithfield	RI	02896			
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.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	NPV

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
Haruki Kibe	12·19·18

Signature of Authorized Representative: Haruki Kibe

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov