



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

Annual Report for the year: 2019  
Corporation

2019 FEB 25 PM 1:53

- 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 <u>110502</u>		2. Exact name of the Corporation <u>Sakura Restaurant inc</u>			
3. Principal Office Address <u>231 Wickenden ST</u>			City <u>providence</u>	State <u>R.I</u>	Zip <u>02903</u>
4. NAICS Code <u>722511</u>		6. Brief description of the character of business conducted in Rhode Island <u>Restaurant business</u>			
5. State of Incorporation <u>R.I</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Qin Jiang</u>			Vice-President Name <u>Song Jiang</u>		
Street Address <u>164 palmer River Rd</u>			Street Address <u>164 palmer River Rd</u>		
City <u>Swansea</u>	State <u>MA</u>	Zip <u>02777</u>	City <u>Swansea</u>	State <u>MA</u>	Zip <u>02777</u>
Secretary Name <u>Qing Xiu Zhou</u>			Treasurer Name <u>Yan Jun Li</u>		
Street Address <u>164 palmer River Rd</u>			Street Address <u>164 palmer River Rd</u>		
City <u>Swansea</u>	State <u>MA</u>	Zip <u>02777</u>	City <u>Swansea</u>	State <u>MA</u>	Zip <u>02777</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES <u>100</u>	CLASS/SERIES	PAR VALUE <u>\$1</u>
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 <u>2/25/19</u>
Signature of Authorized Representative <u>Song Jiang</u>					FILED SIGN DOCUMENT HERE

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

FEB 25 2019

BY JSH34

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