



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

FEB 26 2019

BY

29310

1. Entity ID Number 798901		2. Exact name of the Corporation KKO RESTAURANT, INC.												
3. Principal Office Address 5647 POST ROAD			City EAST GREENWICH	State RI	Zip 02818									
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island THE OPERATION OF A RESTAURANT TO INCLUDE THE SALE OF FOOD, LIQUOR AND RELATED PRODUCTS.												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name KIN LAM KO			Vice-President Name SAME											
Street Address 591 SMITHFIELD ROAD			Street Address											
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip									
Secretary Name SAME			Treasurer Name SAME											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name KIN LAM KO			Director Name											
Street Address SAME			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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>COMMON</td> <td>\$01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	\$01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	COMMON	\$01												
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 KIN LAM KO					Date 2/11/2019									
Signature of Authorized Representative <i>Kin Lam Ko</i>					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