



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

Annual Report for the year: 2019
Corporation


FILED

MAR 18 2019

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BY 2170

- 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 000797802		2. Exact name of the Corporation O SUSHI RESTAURANT & BAR, INC.			
3. Principal Office Address 7659 POST ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT - FOOD SERVICE			
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 YAN QING LI			Vice-President Name YAN QING LI		
Street Address 7659 POST ROAD			Street Address 7659 POST ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name YAN QING LI			Treasurer Name YAN QING LI		
Street Address 7659 POST ROAD			Street Address 7659 POST ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name YAN QING LI			Director Name		
Street Address 7659 POST ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		800	CNP	0.00	
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 YAN QING LI				Date 03/13/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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