State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB 26 P 2:38

1. Entity ID Number	2. Exact name of the Corporation		
142028	ICHIBAN CORPORATION		
3. Principal Office Address: 146 Gansett Avenue	City: Cranston	State: RI	Zip: 02910
4. NAICS Code: 722511	6. Brief description of the character of business conducted in Rhode Island: 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: Tong Il Kim			Vice-President Name: Wai Ming Kim		
Street Address: 146 Gansett Avenue			Street Address: 146 Gansett Avenue		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910
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: 02910	City: Cranston	State: RI	Zip: 02910

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

Director Name: Tong Il Kim			Director Name: Wai Ming Kim		
Street Address: 146 Gansett Avenue			Street Address: 146 Gansett Avenue		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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
WAI MING KIM	2/16/2021

Signature of Authorized Representative: Wai Ming Kim

FILED
FEB 26 2021

8232

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