RI SOS Filing Number: 202105268330 Date: 11/22/2021 3:14:00 PM

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.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 001692515 | JJOON INVESTMENTS, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 110 WATERMAN ST | PROVIDENCE | RI | 02906 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 722110 | TEA SELLING RESTAURANT |
| 5. State of Incorporation | |
| RI | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: HANJOON CHO | | | Vice-President Name: HANJOON CHO | | |
| Street Address: 59 FOREST ST | | | Street Address: 59 FOREST ST | | |
| City: PROVIDENCE | State: RI | Zip: 02906 | City: PROVIDENCE | State: RI | Zip: 02906 |
| Secretary Name: HANJOON CHO | | | Treasurer Name: HANJOON CHO | | |
| Street Address: 59 FOREST ST | | | Street Address: 59 FOREST ST | | |
| City: PROVIDENCE | State: RI | Zip: 02906 | City: PROVIDENCE | State: RI | Zip: 02906 |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: HANJOON CHO | | | Director Name | | |
| Street Address: 59 FOREST ST | | | Street Address | | |
| City: PROVIDENCE | State: RI | Zip: 02906 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

2021 NOV 22 PM 3:13 SEC OF STATE DIV

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 100,000 | CNP | 0 |
| | | | |

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 |
|---|---|
| HANJOON CHO | 09/08/2021 |

Signature of Authorized Representative: [signature]

**FILED**

NOV 22 2021
BY CM/BKIN
3:14

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

FORM 630 - Revised: 08/2020