



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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Annual Report for the year: **2021**

## Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |                    |                                                                                                                           |                                               |                           |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>487262</b>                                                                                                                                                                        |                    | 2. Exact name of the Limited Liability Company<br><b>Ichigo Ichie, LLC</b>                                                |                                               |                           |                     |
| 3. NAICS Code<br><b>722511</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><br><b>Japanese Steak House Restaurant</b> |                                               |                           |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                    |                                                                                                                           |                                               |                           |                     |
| 6. Principal Office Address<br><b>5 Catamore Boulevard</b>                                                                                                                                                  |                    |                                                                                                                           | City<br><b>East Providence</b>                | State<br><b>RI</b>        | Zip<br><b>02914</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                           |                                               |                           |                     |
| Contact Name<br><b>Brian K. Cheng</b>                                                                                                                                                                       |                    |                                                                                                                           | Contact Title<br><b>Member</b>                |                           |                     |
| Street Address<br><b>18 Maple Avenue #295</b>                                                                                                                                                               |                    |                                                                                                                           | City<br><b>Barrington</b>                     | State<br><b>RI</b>        | Zip<br><b>02806</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                                           |                                               |                           |                     |
| Manager Name<br><b>Brian K. Cheng</b>                                                                                                                                                                       |                    |                                                                                                                           | Manager Name<br><b>Kenny K. Cheng</b>         |                           |                     |
| Street Address<br><b>18 Maple Avenue #295</b>                                                                                                                                                               |                    |                                                                                                                           | Street Address<br><b>5 Catamore Boulevard</b> |                           |                     |
| City<br><b>Barrington</b>                                                                                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02806</b>                                                                                                       | City<br><b>East Providence</b>                | State<br><b>RI</b>        | Zip<br><b>02806</b> |
| Manager Name<br><b>N/A</b>                                                                                                                                                                                  |                    |                                                                                                                           | Manager Name<br><b>N/A</b>                    |                           |                     |
| Street Address                                                                                                                                                                                              |                    |                                                                                                                           | Street Address                                |                           |                     |
| City                                                                                                                                                                                                        | State              | Zip                                                                                                                       | City                                          | State                     | Zip                 |
|                                                                                                                                                                                                             |                    |                                                                                                                           |                                               |                           |                     |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                    |                                                                                                                           |                                               |                           |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                    |                                                                                                                           |                                               |                           |                     |
| <b>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.</b> |                    |                                                                                                                           |                                               |                           |                     |
| Name of Authorized Person<br><b>Brian K. Cheng</b>                                                                                                                                                          |                    |                                                                                                                           |                                               | Date<br><b>11/30/2021</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |                    |                                                                                                                           |                                               |                           |                     |

## MAIL TO:

Division of Business Services

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