



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**Corporation**

**FILED**  
**MAR 08 2023**  
 BY 1605  
OS

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000100873</b>		2. Exact name of the Corporation <b>RAN ZAN INC.</b>			
3. Principal Office Address <b>1084 HOPE STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>TADAO SHIMIZU</b>			Vice-President Name <b>GINKO SHIMIZU</b>		
Street Address <b>182 CHACE AVENUE</b>			Street Address <b>182 CHACE AVENUE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			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					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
This information is currently of record in the Department of State.  Changes require an additional filing.		<b>50</b>		<b>COMMON</b>	
				<b>\$0.00</b>	
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. <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 Representative <b>GINKO SHIMIZU</b>				Date <b>03/01/2023</b>	
Signature of Authorized Representative <i>Ginko Shimizu</i>					

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