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State of Rhode Island
Department of State - Business Services Division

FILED
MAY 0 9 2024
BY

Annual Report for the year: 2024
Corporation

→ 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	2. Exact name of the Corporation
000240350	Japanese Restaurant Perry Inc.

3. Principal Office Address	City	State	Zip
1210 Oaklawn ave	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
72	Full Service Restaurant.
5. State of Incorporation: RI	

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

President Name	Vice-President Name
Haruki Kibe	
Street Address: 6 Chamberlain CT.	Street Address:
City: N. Smithfield State: RI Zip: 02896	City: State: Zip:
Secretary Name	**Treasurer Name**
Vilayphone Kibe	Haruki Kibe
Street Address: 6 Chamberlain CT	Street Address: 6 Chamberlain CT
City: N. Smithfield State: RI Zip: 02896	City: N. Smithfield State: RI Zip: 02896

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

Director Name	Director Name
Haruki Kibe	
Street Address: 6 Chamberlain CT	Street Address:
City: N. Smithfild State: RI Zip: 02896	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	NO	Common	NPV

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
Haruki Kibe	
Signature of Authorized Representative: Haruki Kibe	

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: 12/2023