



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

SECRETARY OF STATE
 DEPT. OF STATE
 150 N. WEST ST.
 PROVIDENCE, RI 02881

Annual Report for the year: 2018
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 89461		2. Exact name of the Corporation BSK ENTERPRISE, INC.			
3. Principal Office Address Post Office Box 1131			City Coventry	State RI	Zip 02816
4. NAICS Code 531 390		6. Brief description of the character of business conducted in Rhode Island Purchase, sell, lease, rent or otherwise deal with real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bryan Soccia			Vice-President Name Kathleen Soccia		
Street Address One Doric Court			Street Address One Doric Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Bryan Soccia			Treasurer Name Bryan Soccia		
Street Address One Doric Court			Street Address One Doric Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,000		Common	
				PAR VALUE	
				No Par	
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 Bryan Soccia, President				Date 1-9-18	
Signature of Authorized Representative 				FILED SIGN DOCUMENT HERE JAN 22 2018 BY	