



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 06 2023

BY

W. Soscia
id

Annual Report for the year: 2023
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 89461		2. Exact name of the Corporation BSK ENTERPRISE, INC.			
3. Principal Office Address P.O. Box 1131			City Coventry	State RI	Zip 02816
4. NAICS Code 53 1110		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 Sosica			Vice-President Name Kathleen Soscia		
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 Sosica			Treasurer Name Bryan Sosica		
Street Address One Doric Court			Street Address One Dric 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	PAR VALUE
		1,000		Common	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 SOSCIA				Date 1-25-23	
Signature of Authorized Representative <i>[Signature]</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