RI SOS Filing Number: 200808358910 Date: 02/11/2008 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
47611	THE ONE, INC.			
3. Street Address Principal Business Office		City	State	Zip
ONE FRANKLIN SQUARE		PROVIDENCE	R.I.	02903
4. Business Phone No.	5. State of Incorporation			
(401) 274-5560	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
OPERATE A CLUB AND/OR RESTAURANT

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
MADELINE DiSANTO	729 CENTRAL AVE	JOHNSTON	R.I.	02919

Vice President Name	Street Address	City	State	Zip
MADELINE DiSANTO	729 CENTRAL AVE.	JOHNSTON	R.I.	02919

Secretary Name	Street Address	City	State	Zip
MADELINE DiSANTO	729 CENTRAL AVE	JOHNSTON	R.I.	02919

Treasurer Name	Street Address	City	State	Zip
MADELINE DiSANTO	729 CENTRAL AVE.	JOHNSTON	R.I.	02919

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
YOUNG CHIN	22 ANGELL DRIVE	EAST PROVIDENCE	R.I.	02914

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
900	NO PAR VALUE	

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*
900	COMMON	NO PAR VALUE

THIS SECTION MUST BE COMPLETED

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.

[redacted] [redacted]

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.

Madeline DiSanto 2/7/08
Signature *Date*

MADELINE DiSANTO
Print or Type Name

[redacted] PRESIDENT
Title

FILED
File Date
Check No. FEB 11 2008
By: By 6847

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