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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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
900 NO PAR VALUE

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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 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]

FILED
File Date FEB 17 2009
Check No. By 1507
By:
FOR SECRETARY OF STATE USE ONLY
312SI-32-34701

[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 2/9/09
Signature *Date*

MADELINE DiSANTO
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08