



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

A. Ralph Molis, 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. 47611		2. Name of Corporation THE ONE INC.			
3. Street Address Principal Business Office ONE FRANKLIN SQUARE		City PROVIDENCE	State R.I.	Zip 02903	
4. Business Phone No. (401) 274-5560		5. State of Incorporation 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 MADELINE DISANTO		Vice President Name MADELINE DISANTO			
Street Address 729 CENTRAL AVE		Street Address 729 CENTRAL AVE.			
City JOHNSTON	State R.I.	Zip 02919	City JOHNSTON	State R.I.	Zip 02919
Secretary Name MADELINE DISANTO		Treasurer Name MADELINE DISANTO			
Street Address 729 CENTRAL AVE.		Street Address 729 CENTRAL AVE.			
City JOHNSTON	State R.I.	Zip 02919	City JOHNSTON	State R.I.	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name YOUNG CHIN		Director Name			
Street Address 22 ANGELL DRIVE		Street Address			
City EAST PROVIDENCE	State R.I.	Zip 02914	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 900 NO PAR VALUE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares 900	Class Series COMMON	Par Value 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.

FILED

File Date FEB 17 2009
Check No. By 7507

FOR SECRETARY OF STATE USE ONLY

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.

Signature: Madeline DiSanto Date: 2/9/09
Print or Type Name: MADELINE DISANTO
Title: PRESIDENT