

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(cod)) is

S.K. Industries, Inc. Secretary from guil blasmes (office)	subject to a penalty fee of \$25.00. 1. Corporate ID No.	1 3 2 2 2 2 2 2	A			
Add Wave Avenue Middletown Ri	142271					
## A01-846-3357 ## A01-846-3357 ## A01-846-	3. Street Address Principal Business Office 44 Wave Avenue			^{City} Middletown		
to own, operate and maintain a resturarantingint clustical business 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AITACHMENT) PILL IN SPACES BEFORE USING ATTACHMENTS Provided in Annae 164 Pasture Farm Rd. 167 O2842 O700 Nation O2842 O700 Nation O2842 O700 O700 O700 O700 Middlellown Ri						
Trestant Name New Address New Address	Brief Description of the Character to own, operate and mainta	of Business Condu ain a restuarant	cted in Rhode Island Vnight club/bar business	, <u>, , , , , , , , , , , , , , , , , , </u>		
Middletown Ri 202842 City State Service State Charles Robins Dings Tressurer State Robins Congress of the Directors: (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Charles R. Dings Tressurer State R. Dings Tressurer Sta	resident Name	S OF THE OFFI	CERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
Middlelown RI 02842 Treasurer Name Treasurer	Street Address 164 Pasture Farm Rd.			Street Address		
Robin S Dings Street Address Street Address	^{City} Middletown			City	State	Zip
Middletown RI 02842 S. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Processor Name		••••••••••••••••••		Treasurer Name		
Middletown Ri O2842 SHAMES AND ADDRESSES OF THE DIRECTORS: ("X" ROX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Charles R. Dings Street Address 164 Pasture Farm Rd. Street Address Middletown Ri O2842 Director Name Robin R. Dings Street Address 164 Pasture Farm Rd. Street Address Middletown Robin R. Dings Street Address 164 Pasture Farm Rd. Street Address 165 Pasture Farm Rd. Street Address 165 Pasture Farm Rd. Street Address 168 Pasture Farm Rd. Street Address 169 Street Address 160 Pasture Farm Rd. Street Address Street Addres	Street Address 164 Pasture Farm Rd.			Street Address		
Director Name Director Name Charles R. Dings	city Middletown		^{Zip} 0284 2	City	State	Zip
Middletown Ri	Director Name Charles R. Dings			Director Name		
Middletown Ri Director Name Director Name	164 Pasture Farm Rd.			Street Address		
Robin R. Dings Street Address Street Address	ાા _પ Middletown		<u>"</u>	City	State	Ζip
State Stat	Director Name Robin R. Dings			Director Name	***************************************	
Middletown D. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class Veries Par value 2,000 Common O Common O Check No. By 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class Veries Par value 2,000 Common O Under penalty of perjury. I declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all staten contained herein are true and correct. 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 reincluding any accompanying schedules and statements, and that all staten contained herein are true and correct. The penalty of perjury is declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all staten contained herein are true and correct. The penalty of perjury is declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all staten contained herein are true and correct. The penalty of perjury is declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all staten contained herein are true and correct. The penalty of perjury is declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all staten contained herein are true and correct. The penalty of perjury is declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all staten contained herein are true and correct. The penalty of perjury is declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all staten contained herein are true and correct. The penalty of perjury is declare and affirm that I have examined this reincluding any accompanying sched	Street Address 164 Pasture Farm Rd.			Street Address		
Instruction is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. Number of Shares Chass Series Par value	^{City} Middletown			Сііу	State	Zip
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. Number of Sbares Class/Series Par value). SHARES AUTHORIZED	1	•			
State. Changes require an additional filing. See Section 9 of instruction sheet. 2,000 common 0 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 his 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 re including any accompanying schedules and statements, and that all staten contained herein are true and correct. File Date Check No. By: By: By: By: FOR SECRETARY OF STATE LISE ONLY Signature Secretary	This information is currently of record in the Office of the Secretary of					
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 re including any accompanying schedules and statements, and that all staten contained herein are true and correct. The file Date Signature Date Print or Type Name Robin J. Dings Print or Type Name Secretary Secretary	State. Changes require an additional filing. See Section 9 of			2,000	common	0
Under penalty of perjury, I declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all statements contained herein are true and correct. Check No.						
Under penalty of perjury. I declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all statements contained herein are true and correct. Print or Type Name Print or Type Name	This report must be executed his report must be executed	on behalf of the	te corporation by an authorize	ed representative. If the contrastee	corporation is in the hand	s of a receiver or trustee,
including any accompanying schedules and statements, and that all statements are true and correct. File Date		on oonan or the	corporation by the receiver	or trustee.		
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Robin J. Dings Print or Type Name Secretary	File Date	· · · · · · · · · · · · · · · · · · ·		contained herein a	re true and correct.	
Print or Type Name Secretary Secretary	Check No	2009	***************************************) de	Date
FOR SECRETARY OF STATE USE ONLY	B_{y} By D	793				
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