



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 02904-2611
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 90880		2. Name of Corporation Jacky's Galaxie North Providence, Inc.			
3. Street Address Principal Business Office 1449 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. Business Phone No.		5. State of Incorporation Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
THE OPERATION OF A RESTAURANT TO INCLUDE THE SALE OF FOOD, LIQUOR AND RELATED PRODUCTS.

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

President Name Kin Wah Ko			Vice President Name Man Lam Lo		
Street Address 39 Riverview Drive			Street Address 39 Riverview Drive		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Kin Wah Ko			Treasurer Name Man Lam Lo		
Street Address 39 Riverview Drive			Street Address 39 Riverview Drive		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904

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

Director Name Kin Wah Ko			Director Name		
Street Address 39 Riverview Drive			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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
1,000	Common	no par

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 08 2011
 Check No. BY 18571
 By: _____
 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 [Signature] Date 2/7/11
 Kin Wah Ko
 Print or Type Name
 President
 Title