

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 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(r&d)) is

subject to a penalty fee of \$25.00.		B			
1. Corporate ID No. 511637	2. Name of Corporation B K Wholesale, Inc.				
3. Street Address Principal Business Office 361 Fountain Street			City Pawtucket	State RI	<sup>Zip</sup> 02860
4. Business Phone No.  5. State of Incorporation Rhode Island					
6. Brief Description of the Character The distribution of tobacco	products and any oth	er lawful purpose			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA		S BÉFORE USING ATT	TACHMENTS
President Name Nadra Siddique			Vice President Name Nadra Siddique		
Street Address 361 Fountain Street			Street Address 361 Fountain Street		
City Pawtucket	State RI	<sup>Ζιρ</sup> 02860	City Pawtucket	State RI	<sup>Zip</sup> 02860
Nadra Siddique			Treasurer Name Nadra Siddique		
Street Address 361 Fountain Street			Street Address 361 Fountain Street		
Pawtucket	State RI	<sup>Zip</sup> 02860	City Pawtucket	State RI	<sup>Zip</sup> 02860
	OF THE DIRECTOR	S: ("X" BOX FOR ATT	<i>TACHMENT)</i> TILL IN SPACE	CES BEFORE USING A	TTACHMENTS
Nadra Siddique			Nadra Siddique		
Street Address			Street Address 361 Fountain Street		
361 Fountain Street         State         Zip		: 361 Fountain Street	State	Two.	
Pawtucket  Director Name	RI	02860	Pawtucket	RI	<sup>Ζφ</sup> 02860
Nadra Siddique			Director Name		
Street Address 361 Fountain Street			Street Address		
City Pawtucket	State RI	<i>Ζψ</i> <b>02860</b>	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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 Shares	Class/Series	Par Value
			1,000	common	no par value
This report must be executed this report must be executed			ed representative. If the corpor or trustee.	ation is in the hands of	a receiver or trustee,
FILED		]	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.		
Check No. APR 1 3 20	<u> </u>		Signature Signature	Y~C	<i>U</i> - <i>I</i> -
Check No.	) :		D T 12		
By: <b>BY</b> / <i>U</i> / <i>U</i>			Print or Type Name		
FOR SECRETARY OF ST.	ATE USE ONLY		Nadra Siddque	,	
		-	アベビの タピ ペイ		