STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
486938	Jacky's Galaxie Providence, Inc.		
3. Principal office address: 200 Exchange St,	City: Providence	State: RI	Zip: 02903
4. Business Phone No: 383-5000	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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

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

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

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

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

Director Name	Street Address	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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
3,000	Common	$0.01

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 23 2012
Check No 19996
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 of Authorized Representative — Date 2/15/12

Kin Wah Ko - President
Print or Type Name of Authorized Representative

Form No. 630
Revised 10/2011