



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 60722		2. Exact name of the Corporation DOWNTOWN SK, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island ORGANISE EVENT TO GENERATE FUND FOR DONATIONS TO LOCAL CHARITIES AND CAUSES.			
5. Principal office address PO BOX 1940 E. GREENWICH RI 02818		City		State	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CHARLES BREAGY			Vice-President Name		
Street Address PO BOX 1940			Street Address		
City E. GREENWICH		State RI	Zip 02818	City	Zip
Secretary Name SIOBHAN BREAGY			Treasurer Name		
Street Address PO BOX 1940			Street Address		
City E. GREENWICH		State RI	Zip 02818	City	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SIOBHAN BREAGY			Director Name CHARLES BREAGY		
Street Address PO BOX 1940			Street Address PO BOX 1940		
City E. GREENWICH		State RI	Zip 02818	City E. GREENWICH	Zip 02818
Director Name CONOR BREAGY			Director Name		
Street Address PO BOX 1940			Street Address		
City E. GREENWICH		State RI	Zip 02818	City	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
 Check No _____
 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.

FILED 1122
 AUG 22 2012
 BY 177327

Signature of Officer _____ Date 8/22/12
 CHARLES BREAGY
 Print or Type Name of Officer
 PRESIDENT
 Title of Officer