



**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
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <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	
Secretary Name SIOBHAN BREAGY			Treasurer Name		
Street Address PO BOX 1940			Street Address		
City E. GREENWICH		State RI	Zip 02818	City	
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <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	
Director Name CONOR BREAGY			Director Name		
Street Address PO BOX 1940			Street Address		
City E. GREENWICH		State RI	Zip 02818	City	
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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