



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 2014

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. 000103235		2. Exact name of the Corporation Daniel G. Kamin B.J.'s Middletown Corporation			
3. Principal office address 490 South Highland Ave		City Pittsburgh	State PA	Zip 15206	
4. Business Phone No. 412-661-5233		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Managing Member of LLC which owns Real Property					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Daniel G Kamin		Vice-President Name N/A			
Street Address 490 South Highland Ave		Street Address			
City Pittsburgh	State PA	Zip 15206	City	State	Zip
Secretary Name Daniel G Kamin		Treasurer Name N/A			
Street Address 490 South Highland Ave		Street Address			
City Pittsburgh	State PA	Zip 15206	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Daniel G Kamin		Director Name			
Street Address 490 South Highland Ave		Street Address			
City Pittsburgh	State PA	Zip 15206	City	State	Zip
Director Name John Michael Studeny		Director Name			
Street Address 625 Liberty Ave, 29th Floor		Street Address			
City Pittsburgh	State PA	Zip 15222	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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	
		10	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

1/13/14
Signature of Authorized Representative Date

Daniel G Kamin

Print or Type Name of Authorized Representative