



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

**JAN 07 2014**

BY 1115

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.

*D G Kamin* 1/3/14

Signature of Authorized Representative

Date

**Daniel G Kamin**

Print or Type Name of Authorized Representative