



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. 89461		2. Exact name of the Corporation BSK ENTERPRISE, INC.			
3. Principal office address Post Office Box 1131		City Coventry		State RI	Zip 02816
4. Business Phone No. 401-486-9404		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Purchase, sell, lease, rent or otherwise deal with real estate					
LIST ALL OFFICERS NAMES AND ADDRESSES (X BOX FOR ATTACHMENT)					
President Name Bryan Soscia			Vice-President Name Kathleen Soscia		
Street Address One Doric Court			Street Address One Doric Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Bryan Soscia			Treasurer Name Bryan Soscia		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
LIST ALL DIRECTORS NAMES AND ADDRESSES (X BOX FOR ATTACHMENT)					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED (X BOX FOR ATTACHMENT)					
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	
1,000		Common		No Par	

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.

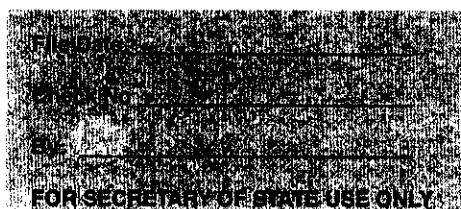
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

1-7-14
Date

Bryan Soscia - President

Print or Type Name of Authorized Representative



FILED

JAN 10 2014

BY **4543**