



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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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.<br><b>000090660</b>  |                    | 2. Exact name of the Corporation<br><b>RJA SK Holdings, Inc.</b> |   |                    |                     |
| 3. Principal office address<br><b>1140 Reservoir Avenue</b>   |                    |  | City<br><b>Cranston</b>   | State<br><b>RI</b> | Zip<br><b>02920</b> |
| 4. Business Phone No.<br><b>401-946-4600</b>  |                    |  | 5. State of Incorporation<br><b>Rhode Island</b>                    |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>To own, build upon, develop, alter, repair, sell, rent, lease and otherwise generally deal with real and personal property.</b> |                    |  |   |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |   |                    |                     |
| President Name<br><b>Robert G. Andrew</b>   |                    |  | Vice-President Name   |                    |                     |
| Street Address<br><b>1140 Reservoir Avenue</b>  |                    |  | Street Address  |                    |                     |
| City<br><b>Cranston</b>   | State<br><b>RI</b> | Zip<br><b>02920</b>  | City  | State              | Zip                 |
| Secretary Name<br><b>Robert G. Andrew</b>   |                    |  | Treasurer Name<br><b>Robert G. Andrew</b>                           |                    |                     |
| Street Address<br><b>1140 Reservoir Avenue</b>  |                    |  | Street Address<br><b>1140 Reservoir Avenue</b>                      |                    |                     |
| City<br><b>Cranston</b>   | State<br><b>RI</b> | Zip<br><b>02920</b>  | City<br><b>Cranston</b>   | State<br><b>RI</b> | Zip<br><b>02920</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |   |                    |                     |
| Director Name<br><b>Robert G. Andrew</b>  |                    |  | Director Name<br><b>Joyce Andrew</b>                                |                    |                     |
| Street Address<br><b>1140 Reservoir Avenue</b>  |                    |  | Street Address<br><b>1140 Reservoir Avenue</b>                      |                    |                     |
| City<br><b>Cranston</b>   | State<br><b>RI</b> | Zip<br><b>02920</b>  | City<br><b>Cranston</b>   | State<br><b>RI</b> | Zip<br><b>02920</b> |
| Director Name   |                    |  | Director Name   |                    |                     |
| Street Address  |                    |  | Street Address  |                    |                     |
| City  | State              | Zip  | 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.<br>See Section 9 of instruction sheet.   |                    |  | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE           |
|   |                    |  | 100   | CWP                | \$1.00              |
|   |                    |  |   |                    |                     |

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**

**FEB 04 2015**

**BY**

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

Date

**Robert G. Andrew, President**

Print or Type Name of Authorized Representative