



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 2015

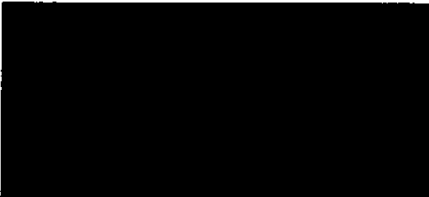
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 697111		2. Exact name of the Corporation SNK, Inc.			
3. Principal office address 151 Benefit Street			City Pawtucket	State RI	Zip 02861
4. Business Phone No. 401-722-0379			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Convenience Store					
President Name Abdul Meher			Vice-President Name Saeed Malik		
Street Address 31 Monticello Road			Street Address 161 Benefit Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Saeed Malik			Treasurer Name Abdul Meher		
Street Address 161 Benefit Street			Street Address 31 Monticello Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name			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
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
			100	Common	\$1.00

SECRETARY OF STATE
 CORPORATIONS DIVISION
 2015 MAR 25 AM 9:14

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.



FILED

MAR 25 2015

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A.A.

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: Saeed Malik Date: _____
 Print or Type Name of Authorized Representative: Saeed Malik