



**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.

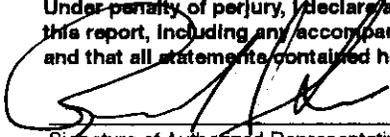
1. Entity ID No. <b>96702</b>		2. Exact name of the Corporation <b>Scramblers, II, Inc.</b>			
3. Principal office address <b>2 Greenville Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-272-3859</b>			5. State of Incorporation <b>R.I.</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Restaurant</b>					
President Name <b>Richard Seddon</b>			Vice-President Name <b>Kenneth Demarco</b>		
Street Address <b>1045 Reservoir Avenue</b>			Street Address <b>1045 Reservoir Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>Kenneth Demarco</b>			Treasurer Name <b>Richard Seddon</b>		
Street Address <b>1045 Reservoir Avenue</b>			Street Address <b>1045 Reservoir Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
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
<b>8. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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

*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**  
**JUN 29 2015**  
**4030**

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

**Richard Seddon**  
 Print or Type Name of Authorized Representative