



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 88000		2. Name of Corporation THE MERKIN GROUP, INC.			
3. Street Address Principal Business Office 226 South Main Street			City Providence	State RI	Zip 02903
4. Business Phone No. 331-7720		5. State of Incorporation RHODE ISLAND			6. SIC Code 3081
7. Brief Description of the Character of Business Conducted in Rhode Island OWN, LEASE, OPERATE AND MANAGE MERCHANDISE FOOD CONCESSIONS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carmella White			Vice President Name Carmella White		
Street Address 226 South Main Street			Street Address 226 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Carmella White			Treasurer Name Carmella White		
Street Address 226 South Main Street			Street Address 226 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Carmella White			Director Name		
Street Address 226 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			None		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date **2/10/04**
Check No. **2872**
By: **lmc**

FOR SECRETARY OF STATE USE ONLY

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.

Carmella White Feb. , 2004
Signature of Officer Date

Carmella White
Print or Type Name of Officer

President
Title of Officer