STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88000

2. Name of Corporation THE MERKIN GROUP, INC.

3. Street Address Principal Business Office 546 South Main Street

City Pascoag *State* RI *Zip* 02859

4. Business Phone No.

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, enterainment and novelties

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Carmella White
Street Address 546 South Main Street
City Pascoag *State* RI *Zip* 02859

Vice President Name Carmella White
Street Address 546 South Main Street
City Pascoag *State* RI *Zip* 02859

Secretary Name Carmella White
Street Address 546 South Main Street
City Pascoag *State* RI *Zip* 02859

Treasurer Name Carmella White
Street Address 546 South Main Street
City Pascoag *State* RI *Zip* 02859

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Carmella White
Street Address 546 South Main Street
City Pascoag *State* RI *Zip* 02859

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
100 COMM NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
None		

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

[redacted] [redacted]

* 8 8 0 0 0 *

FILED

File Date: FEB 27 2002

Check No.: By 02410

By:

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 2-25-02
Signature of Officer *Date*

Pres
Print or Type Name of Officer CARMELLA White

[redacted]

Title of Officer