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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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, entertainment 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	**SHS**	**NO PAR VAL COMMON**

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 *

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 2/16/99
Signature of Officer *Date*

Carmella White
Print or Type Name of Officer

President
Title of Officer

File Date: FILED

Check No.: FEB 17 1999

By: By 1591

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 31 12/96