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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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 S. 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)*

President Name Carmella White
Street Address 546 S. Main St.
City Pascoag *State* RI *Zip* 02859

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

Secretary Name Carmella White
Street Address 546 S. Main St.
City Pascoag *State* RI *Zip* 02859

Treasurer Name Carmella White
Street Address 546 S. Main St.
City Pascoag *State* RI *Zip* 02859

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name Carmella White
Street Address 546 S. Main St.
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*

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 *

File Date: 4/6/98

Check No.: 1908

By: KD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 4/3/98
Signature of Officer *Date*

Carmella White
Print or Type Name of Officer

Pres.
Title of Officer

Form 31 12/96