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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

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

(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 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)*

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*

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100	common	no par	0		

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

[redacted]

File Date: 6/12/97
Check No.: 1281
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 6/10/97
Signature of Officer *Date*

Carmella White
Print or Type Name of Officer

President
Title of Officer

Form 31 12/96