



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>88000</b>		2. Exact name of the Corporation <b>THE MERKIN GROUP, INC.</b>								
3. Principal office address <b>226 South Main Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>					
4. Business Phone No. <b>(401) 331-7720</b>			5. State of Incorporation <b>Rhode Island</b>							
6. Brief description of the character of business conducted in Rhode Island <b>Own, lease, operate and manage merchandise, food concessions.</b>										
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>										
President Name <b>Salvatore L. Romano</b>			Vice-President Name <b>Salvatore L. Romano</b>							
Street Address <b>226 South Main Street</b>			Street Address <b>226 South Main Street</b>							
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>					
Secretary Name <b>Salvatore L. Romano</b>			Treasurer Name <b>Salvatore L. Romano</b>							
Street Address <b>226 South Main Street</b>			Street Address <b>226 South Main Street</b>							
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>					
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>										
Director Name <b>Salvatore L. Romano</b>			Director Name							
Street Address <b>226 South Main Street</b>			Street Address							
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
<b>9. SHARES AUTHORIZED</b>										
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						NONE				
<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</b>										

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**

FEB 16 2016

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.

Signature of Authorized Representative

**Salvatore L. Romano**

Print or Type Name of Authorized Representative

2/16/16  
 Date

By KL 5880