



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. 486938		2. Exact name of the Corporation Jacky's Galaxie Providence, Inc.			
3. Principal office address 200 Exchange Street		City Providence	State RI	Zip 02903	
4. Business Phone No. 401-383-5000		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The operation of a restuarant to include the sale of food, liquor and related products.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kin Wah Ko		Vice-President Name Kin Wah Ko			
Street Address 39 Riverview Drive		Street Address Same			
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Kin Wah Ko		Treasurer Name Kin Wah Ko			
Street Address same		Street Address same			
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kin Wah Ko		Director Name			
Street Address same		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			1000	Common	\$0.01

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

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

Kin Wah Ko

Print or Type Name of Authorized Representative

FILED

MAR 01 2016

By 269012