



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2016

2016 JUN -2 AM 8:36

Filing period: January 1 - March 1

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

1. Entity ID Number <u>981381</u>		2. Exact name of the Corporation <u>P K INC</u>	
3. Principal Office Address <u>1 Beach St</u>		City <u>NARRAGANSETT</u>	State <u>RI</u>
		Zip <u>02882</u>	
4. Business Phone Number <u>401-363-9988</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Restaurant</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Puneet KUMAR</u>		Vice-President Name	
Street Address <u>1 Beach Street</u>		Street Address	
City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
10. Shares Issued <span style="float: right;">Check box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u>0.01</u>
11. 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. <i>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.</i>			
Name of Authorized Representative <u>Puneet KUMAR</u>		Date <u>6/2/2016</u>	
Signature of Authorized Representative <u>Puneet</u>		SIGN DOCUMENT HERE	

FILED

JUN 02 2016

By 275658  
A.A.