



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.

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 SECRETARY OF STATE
 CORPORATIONS
 2016 JUN - 9 PM 2:36

1. Entity ID No. 96702		2. Exact name of the Corporation Scramblers, II, Inc.			
3. Principal office address 2 Greenville Avenue		City Johnston	State RI	Zip 02919	
4. Business Phone No. (401) 272-3859		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Restaurant					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard Seddon		Vice-President Name Kenneth Demarco			
Street Address 1045 Reservoir Avenue		Street Address 1045 Reservoir Avenue			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Kenneth Demarco		Treasurer Name Richard Seddon			
Street Address 1045 Reservoir Avenue		Street Address 1045 Reservoir Avenue			
City Cranston	State RI	Zip 20910	City Cranston	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name		Director Name			
Street Address		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
			8,000		0

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

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By 278575

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

Date

Richard Seddon

Print or Type Name of Authorized Representative

5-21-16