



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2016 NOV 21 PM 12:19

1. Entity ID Number <u>113885</u>		2. Exact name of the Corporation <u>UNIK INC.</u>			
3. Principal Office Address <u>855 Broad ST</u>		City <u>central FALLS</u>		State <u>RI</u>	Zip <u>02863</u>
4. Business Phone Number <u>401-7222621</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Rest Bar</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>EUGENIO GIBAN</u>		Vice-President Name <u>Calistano Lirament</u>			
Street Address <u>283 Welden ST</u>		Street Address <u>855 Broad ST</u>			
City <u>PAWT</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>central FALLS</u>	State <u>RI</u>	Zip <u>02863</u>
Secretary Name <u>EUGENIO GIBAN</u>		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>300</u>			<u>1.00</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. 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.					
Name of Authorized Representative <u>Eugenio Giban</u>				Date <u>11/21/2016</u>	
Signature of Authorized Representative <u>EUGENIO GIBAN</u>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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By 289026
A.A. 12:21pm