



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.

| | | | | | |
|--|--|---|--|--------------------|-----------------------|
| 1. Entity ID Number 96702 | | 2. Exact name of the Corporation Scramblers II, Inc. | | | |
| 3. Principal Office Address 2 Greenville Avenue | | City Johnston | | State RI | Zip 02919 |
| 4. NAICS Code 72 - Accommodation and Food | 6. Brief description of the character of business conducted in Rhode Island Restaurant | | | | |
| 5. State of Incorporation Rhode Island | (401)272-3859 | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Kenneth Demarco | | | 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 Same | | | Treasurer Name Same | | |
| 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 None | | | Director Name None | | |
| 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 This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 0 | | | 0 |
| | | | | | |
| 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 Kenneth Demarco + <i>Kenneth Demarco</i> | | | | | Date 3/7/17 |
| Signature of Authorized Representative | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAR 20 2017
BY *[Signature]*