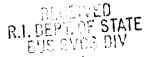


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Corporation



STAMP

FIGE ONEY SECALIVER OF STALE FOR

→ Filing period: January 1 - March 1

 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 			2017 MAR 31 PM 1:33				
1. Entity ID Number 47611		2. Exact name of the Corporation THE ONE, INC.					
3. Principal Office Address			City		State	Zip	
ONE FRANKLIN SQUARE			PROVIDENCE		RI	02903	
4. NAICS Code		ription of the charac	ter of business	conducted in Rhode	Island		
72 - Accommodation and	Food TO OPERA	TO OPERATE A CLUB AND/OR RESTAURANT					
5. State of Incorporation	ì						
RHODE ISLAND							
7. List ALL officers (names a	nd addresses)			Check	k the box to i	indicate an attachment 🔲	
President Name MADELINE D	Vice-President Name MADELINE DISANTO						
Street Address 729 CENTRAL	Street Address 729 CENTRAL STREET						
City JOHNSTON	State RI	^{Zip} 02919	City JOHNSTON		State Ri	^{Zip} 02919	
Secretary Name MADELINE DISANTO			Treasurer Name MADELINE DISANTO				
Street Address 729 CENTRAL STREET			Street Address 729 CENTRAL STREET				
City JOHNSTON	State RI	^{Zip} 02919	City JOHNSTON		State RI	^{Zip} 02919	
8. List ALL directors (names a Director Name	and addresses)				the box to i	ndicate an attachment 🔲	
Director Name			Director Name	9			
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							
This information is currently of record in the Department of State. Changes require an additional filing.		900	NUMBER OF SHARES		S	PAR VALUE	
			300		· · · · · · · · · · · · · · · · · · ·	0.00	
11. This report must be execu	ted on behalf of the	corporation by an a	uthorized repres	sentative. If the corpo	oration is in t	the hands of a receiver or	
<u>trustee, this report must be ex</u>	<u>ecuted on behalf of </u>	the corporation by t	he receiver or tr	ustee.			
Under penalty of perjury, I d statements, and that all stat	ements contained	nat i nave examine herein are true and	a tnis report, il I correct.	nciuding any accor	npanying s	chedules and	
Name of Authorized Represer MADELINE DISANTO		Date 3 31 17					
Signature of Authorized Repre	esentative			FN		1	
	ic di de No	SIGN DOC	UMEN H	REUC			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 3 1 2017

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