



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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2017 MAR 31 PM 1:33

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 47611		2. Exact name of the Corporation THE ONE, INC.			
3. Principal Office Address ONE FRANKLIN SQUARE		City PROVIDENCE		State RI	Zip 02903
4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island TO OPERATE A CLUB AND/OR RESTAURANT				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MADELINE DISANTO			Vice-President 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
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 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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
900		COMMON		0.00	
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 MADELINE DISANTO				Date 3/31/17	
Signature of Authorized Representative <i>Madeline Disanto</i>				SIGN DOCUMENT FILED	

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 31 2017

BY 299950

FORM 630 - Revised: 10/2016