



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP
 MAR 07 2018
 BY 205 [signature]

1. Entity ID Number 001678474		2. Exact name of the Corporation SKIKI Ventures, Inc.			
3. Principal Office Address 320 Yawgoo Valley Road			City Exeter	State RI	Zip 02822
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island FOR THE OPERATION OF AN ICE CREAM SHOP.			
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 SAHAND NIKKHAH			Vice-President Name SAHAND NIKKHAH		
Street Address 320 YAWGOO VALLEY ROAD			Street Address SAME		
City EXETER	State RI	Zip 02822	City	State	Zip
Secretary Name SAHAND NIKKHAH			Treasurer Name SAHAND NIKKHAH		
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 SAHAND NIKKHAH			Director Name NONE		
Street Address 320 YAWGOO VALLEY ROAD			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
Director Name NONE			Director Name NONE		
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
		600	COMMON	NONE	
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. <i>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.</i>					
Name of Authorized Representative SAHAND NIKKHAH, PRESIDENT				Date 2/12/18	
Signature of Authorized Representative <i>SAHAND NIKKHAH</i>			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