

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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1	U	U	:

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	•	g Fcc: \$50.00			
1. Corporate ID No	2. Name of Corporation			 	
47611	THE ONE, INC.				
3 Sirver Address Principal Business C ONE FL		W 4 4 15	PROVIDENCE	State	1 2 ip 8 3 9 8 3
4. Business Phone No.	MUKLIN SO	5 State of Incorporation	PROVIDENCE	10,4,	6. SIC Gode
(401) 274-55	60	RHODE ISLAND			3095
7. Brief Description of the Character of OPERATE A CLUB AND/		Rhode Island			
8. NAMES AND ADDRESSES President Name		: ("X" BOX FOR ATTA	Vice President Name	ACES BEFORE USING A	ATTACHMENTS
Street Address	DISANTO		MADELINE Street Address	DISANTO	
729 CENTRA	L AVE		729 CENTRA	L AUE.	
JOHNSTON	State R.J.	2ip 02919	JOHNSTON	State R.	^{7φ} 02919
MADELINE .	DiSanto		Treasurer Name MADeLINE	DI'SANYO	
Street Address T29 CENTRAL	L AUE.		Street Address	AL AUE	- "
Joh N S TON	State R.J.	240	City JOHN STON	State L.J.	Zip D 2 9/9
9. NAMES AND ADDRESSES	OF THE DIRECTOR	1 ,		PACES BEFORE USING	1 - 1
Director Name	0 44 5 3		Director Name		
Street Address	C.HIN		Street Address		
22 ANA	ELL DRIV	E	· ·		
City Da	State DRIV	Zip	City	State	Zip
EAST, PROY	1 K.J.	1.02914	Director Name		
Street Address		- .	Sirect Address	·	
City	State	Zip	City	Suite	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	 " BOX FOR ATTACHM	 <i>ENT)</i>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
900 NO PAR VALUE	·		900	Common	NO PAR
	· · · ·				
This report must be s	igned in ink by cith	er the President, Vice Pr	resident, Secretary, Assistant	Secretary, Treasurer, Re	ecciver or Trustee
			Under penalty of perjury	v. I declare and affirm that	I have examined this report.
		¬		nying schedules and staten	nents, and that all statements
File Date 215	5/05		Midelin	w Di Daner	2/11/05
Check No.	169		Signature of Officer	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date
	<u> </u>		Print or Type Name of O	Micer DiSANT	0
By:	H		■ PRESIDEN	-	
FOR SECRETARY OF STA	ATE USE ONLY	_	Title of Officer	:	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPO Filing Period: January 1 -	March 1 • Fill	NUAL REPOR	RT FOR THE YEA	R2004	
1. Corporate ID No.	2. Name of Corporate	ion			
47611	THE ONE, INC				
3. Street Address Principal Business			City	State	Zip
ONE FRAN	KLIN SAL		PROVIDENCE	R.I.	02903
4. Business Phone No		5. State of Incorporation	1		6. SIC Code
(401) 274-550		RHODE ISLAND	1		3095
7. Brief Description of the Characte OPERATE A CLUB AN	r of Business Conducted i D/ OR RESTAURANT	in Rhode Island ·			
			TACHMENT) - FILL IN	SPACES REFORE HSING	ATTACHMENTS
President Name	.5 01 1111 011101.1	io. (x box lon ni.	Vice President Name	or recap bar one oping	
MADELINE	DI SANTO		MADELINE	DISANTO	
Street Address	<u> </u>		Street Address		
729 CENTR	-AL AVE		729 CENTEA		
City:	State	Zíp	City	State L.T	Zip
JOHNSTON	$\mathcal{L} \mathcal{C} \cdot \mathcal{L}$	02919	JOHNSTON	1 K 2	02919
Secretary Name MANELINE	DISANTO		Treasurer Name MADELINE	DISANTO	
Sircel Address	DISADIO		Street Address	טיטוון כיי	<u>.</u>
^	AL AUE.		729 CENTEA	L AUE.	
City	State	Zip	City	State	Zip
JOHNSTON	R.I.	02919	JOHNSTON	RI.	02919
. NAMES AND ADDRESSI	S OF THE DIRECT	ORS: ("X" BOX FOR A		N SPACES BEFORE USIN	G ATTACHMENTS
Director Name	4		Director Name		
JOUNG Sireci Address	<u>CHIN</u>		Street Address		
	GEL DRIV	'E	Sireer Address		
City	State	Zip	City	State	Zip
EAST PROV	1. R.I	02914			
Director Name			Director Name		
					
Since Address			Street Address		
City	State	Zip	City	State	Zip
			•		
10. SHARES AUTHORIZED) ("X" BOX FOR A	ITACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACH	HENT)
AUTHORIZED SHARES			ISSUED SHARES		- т
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
900 NO PAR VALUE			900	4	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			100	Common	NO VAR
This report must be	c signed in ink by c	ither the President. Vice	President, Secretary, Assist	ant Secretary, Treasurer, R	Receiver or Trustee
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1 120111		18 1 6			
			Under penalty of pe	rjury, I declare and affirm the	nt I have examined this r
*	4 7 6 1 1	*	including any accor	mpanying schedules and state	
0.1	00//		contained herein an	e true and correct.	
File Date	<u>U-UY</u>	- [madele	ne De Santi	2/5/0
4	14-71		Signature of Officer	7	Date
Check No.		-	MADELINE	E DISANTO	
Ву:	a		Print or Type Name		-
		-	PRESIDE	NT	
FOR SECRETARY OF	STATE USE ONLY		Title of Officer		

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

47611

THE ONE, INC.

3. Street Address Principal Business Office

City

State

Zlo

ONE FRANKLIN SQUARE 4. Business Phone No.

5. State of Incorporation

R.I.

02903 6. SIC Code

(401)274-5560

RHODE ISLAND

3095

7. Brief Description of the Character of Business Conducted in Rhode Island

OPERATE A CLUB AND/OR RESTAURANT

FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Vice President Name

PROVIDENCE

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

JOHNSTON

MADELINE DI SANTO

Street Address

Treasurer Name

729 CENTRAL AVE.

JOHNSTON

02919

Secretary Name

City

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City JOHNSTON

R.I.

Zip 02919 MADELINE DI SANTO

729 CENTRAL AVE.

JOHNSTON

R.I.

029119

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

Director Name

YOUNG CHIN

Street Address

22 ANGEL DRIVE

EAST PROV.

City

State

Zip

02914 R.I.

Director Name

Street Address

City

City

Director Name

Street Address

Street Address

City

State

210

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ESSUEE) SHARES

Class/Series

Par Value

900 NO PAR VALUE

900

Number of Shares

common

NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

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 hergin are true and correct.

MADELINE DI SANTO Print or Type Name of Officer

PRESIDENT

Title of Officer **₹**

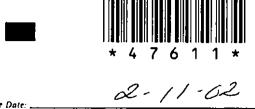
Form 630 12/02

Edward S. Inman. III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 47613 THE ONE, INC. 3. Street Address Principal Business Office City Zip 02903 ONE FRANKLIN SQUARE PROVIDENCE R.I. 5. State of Incorporation 4. Business Phone No. 6. SIC Code 3095 **RHODE ISLAND** (401) 274 5560 7. Brief Description of the Character of Business Conducted in Rhode Island OPERATE A CLUB AND/OR RESTAURANT 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Nome MADELINE DI SANTO MADELINE DI SANTO Street Address Street Address 729 CENTRAL AVE. 729 CENTRAL AVE. Zip Zip 02919 JOHNSTON R.I. JOHNSTON R.I. 02919 Secretary Name Treasurer Name MADELINE DI SANTO MADELINE DI SANTO Street Address 729 CENTRAL AVE 729 CENTRAL AVE. City City JOHNSTON JOHNSTON R.I. 02919 R.I. 02919 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name YOUNG CHIN Street Address Street Address 22 ANGEL DRIVE Zip City State Zip 02914 EAST PROV. R.I. Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Volue 900 NO PAR VALUE 900 COMMON

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: . FOR SECRETARY OF STATE USE ONLY

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.

MADELINE DISANTO

Print or Type Name of Officer

PRESIDENT

Title of Officer **₹**\$\$ 5

Form 630 12/01

NO PAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

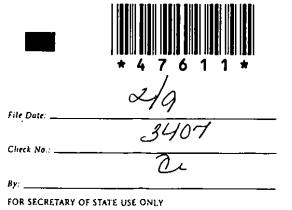
Office of the Secretary of State PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 47611 2. Name of Corporation
THE ONE, INC. 3. Street Address Principal Business Office City State 02903 PROVIDENCE R.I. 4. Business CONE FRANKLIN SQUARE ⁴ 3068 RHODE ISLAND (401) 274-5560 7. Brief Description of the Character of Business Conducted in Rhade Island OPERATE A CLUB AND/OR RESTAURANT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name MADELINE DI SANTO MADELINE DI SANTO Street Address Street Address 729 CENTRAL AVE. 729 CENTRAL AVE. State Zip City State 02919 **JOHNSTON** 02919 R.I. **JOHNSTON** R.I. Secretary Name Treasurer Name MADELINE DI SANTO MADELINE DI SANTO Street Address Street Address 729 CENTRAL AVE. 729 CENTRAL AVE. City City Zip **JOHNSTON** R.I. JOHNSTON 02919 R.I. 02919 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name YOUNG CHIN Street Address Street Address 22 ANGELL DRIVE City 2.10 City State Zip EAST PROVIDENCE, R.I. 02914 Director Name Street Address Street Address City State Zip City State 210 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 900 SHS NO PAR VAL

This report must be signed in lnk by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

900



Under penalty of perjuty, 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.

| Male | Date | Date

COMMON

NO PAR



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 47611 2. Name of Corporation

THE ONE, INC.

3. Street Address Principal Business Office

City

State

Zip

ONE FRANKLIN SQUARE 4. Business Phone No.

5. State of Incorporation

02903 6. SIC Code

RHODE ISLAND

3095

(401)274-5560) 7. Brief Description of the Character of Business Conducted in Rhode Island

OPERATE A CLUB AND/OR RESTAURANT

FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

MADELINE DI SANTO

Vice President Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

Street Address

729 CENTRAL AVE.

City

Zip

JOHNSTON

R.I.

02919

JOHNSTON

PROVIDENCE

R.I.

02919

Secretary Name

City

City

MADELINE DI SANTO

MADELINE DI SANTO

State

Street Address

Street Address

729 CENTRAL AVE.

Zip

729 CENTRAL AVE. JOHNSTON

State R.I.

City JOHNSTON State R.I.

02919

FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name

Street Address

YOUNG CHIN

Street Address

22 ANGELL DRIVE

EAST PROVIDENCE ON R. I.

City

State

Zip

Director Name

02914

Street Address

Director Name Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

900 SHS NO PAR VAL

900

COMMON

NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



2-16-00

FOR SECRETARY OF STATE USE ONLY

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.

MADELINE DI SANTO

Print or Type Name of Officer

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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PUFASE INSTRUCT	READ
INSTRUC	HOXX

(FORM MUST BE TYPED IN BLAC					
1	2. Name of Corporation				· · · · · · · · · · · · · · · · · · ·
47611	THE ONE, IN	C	- ,	·	····
3. Street Address Principal Business	Office 		City	State	Zip
ONE_FRAN	KLIN_SQUARE	5. State of Incorporation	PROVIDENCE		05903
(401) 27	4_5560	RHODE ISLA	, vic		6. SIC Code
7. Brief Description of the Character			<u> </u>	· • · · · · · · · · · · · · · · · · · ·	3095
f -		R RESTAURANT			
8. NAMES AND ADDRESS	ES OF THE OFFIC	ERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES F	SEFORE USING ATTACH	IMENTS
President Name	• •	. • • • • • • • • • • • • • • • • • • •	Vice President Name		·····
MADELINE	DI SANTO		MADELINE DI	SANTO	
Street Address			Street Address		
729 CENT	HAL AVE.		729 CENTRAL	. AVE.	
City	State	Zip	City	State R.I.	ZIP 03040
JOHNSTON	R.I.	02919	NOTRNHOL	n.1.	02919
Secretary Name / I MADELINE	DI SANTO		Treasurer Name MADELINE	OI SANTO	
Street Address 729 CENTR	A1 A4/E	·····	Street Address	TRAL AVE.	······································
			<u> </u>		· · · · · · · · · · · · · · · · · · ·
City JOHNSTON	State A.I.	^{Zip} 02919	JOHNSTON	State 日、I.	^{Zip} 02919
· ·	ES OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT) L FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
YOUNG CHIN	. 		<u> </u>		
Street Address 81 CANONCH	_		Street Address		
WARWICK	State R.I.	02888	City	State	Zip
Director Name			Director Name		
Street Address	······································		Street Address		
City	State	Zip	City	State	Zip
	<u> </u>		:		
10. SHARES AUTHORIZED	O ("X" BOX FOR ATTAC	НМЕНТ) 🗍	11. SHARES ISSUED (*)	X BOX FOR ATTACHMENT)	
AUTHORIZZED SHARES	<u> </u>		ISSUED SHARES		1
Number of Shares	: Class/Series	Par Value	Number of Shares	Class/Series	Par Value
900 SHS NO PAR VA	<u>L</u>	w=	900	COMMON	NO PAR
		. .			
			-		
This report must be signe	ed in ink by eithe	r the President, Vice	President, Secretary, Assis	tant Secretary, Treasur	er, Receiver or Trustee

* 4 7 6 1 1 *	Under penalty of perjury, I declare and affir
The second secon	this report, including any accompanying sch
File Date: 1016 9	that all statements contained herein are true Budelesie As Janes
Check No.:	Signature of Officer
00 //	MADELINÉ DI SANTO
By:	Print or Type Name of Officer
	PRESIDENT 1, 1, 1
FOR SECRETARY OF STATE USE ONLY	7.1 (0.0

m that I have examined hedules and statements, and e and correct.

Medelesie Signature of Officer	Di Sants	2/9/99
Signature of Officer	,	Date
MADEL THE	DT CANTO	

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

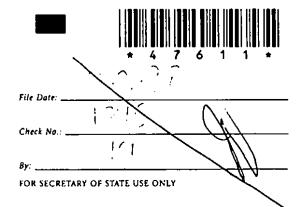
1. Corporate ID No. 47611

2. Name of Corporation

47611 Street Address Principal Business	THE ONE, INC	•	City	State	Zip
ONE FRANKLI Business Phone No.	N SQUARE	5. State of Incorporation	PROVIDENCE	R.I.	02903 6. SIC Code
(401) 274- Brief Description of the Character	-5560 of Business Conducted in Ri	RHODE ISLAND			3095
-		R RESTAURANT			
3. NAMES AND ADDRESS	SES OF THE OFFICE	RS ("X" BOX FOR ATTACHA	AENT) Vice President Name		
resident Name MADEL TNE - F	AT CANITO		MADELINE DI	SANTO	
MADELINE D	OI SANIO		Street Address	DANTO	
Treet Address	AT AUD		729 CENTRAL	AVE	
729 CENTRA	State	Zip	City	State	Zip
City	R.I.	02919	JOHNSTON	R.12	02919
JOHNSTON	K.1.	02313	Treasurer Name	- · · · · -	02313
ecretary Name					
MADELINE D	OI SANTO		MADELINE DI	I SAŅTO	
itreet Address	ar aum		729 CENTRAI	አህሮ	
729 CENTRA		71-		State	Zip
City	State	Zip 03010	City	-	•
JOHNSTON	R.I.	02919	JOHNSTON	R.I.	02919 _?
9. NAMES AND ADDRES: Director Name	SES OF THE DIRECT	IORS ("X" BOX FOR ATTAC	HMENT) Director Name		
YOUNG CHIN	T .				
treet Address			Street Address		
81 CANONC	HET AVE.				
Sity	State	Zip	City	State	Zip
WARWICK Director Name	R.I.	02888	Director Name		٠
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZZO SHARES	D (*X* BOX FOR ATTACI	HMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

900



900 SHS NO PAR VAL

Under penalty of perjury, 1 declare and affirm that 1 have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Madeline de Sants 1/19/98
Signature of Officer Date

COMMON

MADELINE DI SANTO

Print or Type Name of Officer

PRESIDENT

Title of Officer

.

NO PAR'



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

THE ONE, INC.

Illing Period:	January	1-March 1	•	Filing	Fee: \$50.0	0
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FORM MUST BE TYPED IN BLAC	~~,	
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1. Corporate ID No. 47611

Number of Shares

2. Name of Corporation

3. Street Address Principal Business Office City State ZIP 02903 ONE FRANKLIN SQUARE PROVIDENCE R.I. 6. SIC Code 4. Rusiness Phone No. 5. State of Incorporation 3095 (401) 274-5560 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island OPERATE A CLUB AND / OR RESTAURANT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name MADELINE DI SANTO MADELINE DI SANTO Street Address Street Address 729 CENTRAL AVE. 729 CENTRAL AVE. City Zip City State 02919 JOHNSTON R.I. 02919 JOHNSTON R.I. Treasurer Name Secretary Name MADELINE DI SANTO MADELINE DI SANTO Street Addres. Street Address 729 CENTRAL AVE. 729 CENTRAL AVE. ZIp City ZIp 02919 R.I. 02919 JOHNSTON. R.I. JOHNSTON 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name YOUNG CHIN Street Address Street Address RINGGOLD STREET State Zip City State 02903 PROVIDENCE R.I. Director Name Director Name Street Address Street Address State Zip State Zip City City 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) ESTATE CITURES AUTHORIZED SHARES

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

900

	, ,	
File Date:	2/19/97	
Check No.: _	1462	
Ву:	KID	
FOR SECRET	ARY OF STATE USE ONLY	

Class/Series

900 SHS NO PAR VAL

Par Value

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.

Nulline di Sonto 2/17/97
Signature of Officer Date

Class/Series

COMMON

Par Value

NO PAR

MADELINE DI SANTO
Print or Type Name of Officer

PRESIDENT

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1 Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK DIX. 1. COMPONATE ED NO. HAME OF COMPORATION 47611 THE ONE, INC. 3 STREET MODIESS MOVIME SUSPIESS OF POL One Franklin Square Providence RI 02903 ELAT OF INCOMPONATION THEOM RHODE ISLAND (401) 274-5560 3095 Operate a club and/or Restaurant B. HAMES AND ADORESSES OF THE OFFICERS WCE PRESIDENT HOUSE Madeline DiSanto Madeline DiSanto STRUIT ADDRESS 729 Central Ave. 729 Central Ave 70 HH ...Johnston. __Johnston 02919 Madeline DiSanto Madeline DiSanto 729 Central 729 Central 02919 Johnston RI __Johnston 02919 OMECTOR NAME DIFFECTOR HASKE Madeline DiSanto STREET ADDRESS 729 Central Ave. e cons Johnston RI 02919 DESCRIPTION WAS DECTO HAVE STREET ADDRESS STATE ADDRESS 10. SHARES AUTHORIZED AND ISSUED AUTHORIZED SHARES ISSUED SHARES CLASS/SERVES PAPERALLE MARKET OF SHATES CY22 \ 834E2 PLA VALLE 900 SHS NO PAR VAL 900 common no par This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Mudeline
Signature of Officer Di Laito 2/6/96 File Date: Madeline DiSanto مكورر Check No: Print or Type Name of Officer President 1/19/95

Title of Officer

Date

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

JAN 10 855

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

non ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0047611		Annual Report for th	iggs	
Name of Corporation: THE DNE, IN	· • · · · · · · · · · · · · · · · · · ·		·	
Business entity organized under the laws of the State of Rh. For foreign entity, address and telephone number of principal		CFF	IGL Chapter 7-1.1) tion (See RIGL Ch	apter 7-5.1)
Phone: ()		_	nusiness conducted 1/or Resta	
Address and telephone of the principal office of business enti- Island (Provide street address - Not PO. Box): One Franklin Square Providence, R.I.	ty in Rhode	2-21		The second secon
Phone. (401)274-5560				
		HE OFFICERS ARE		
Madeline Di Santo	729 Centr		Johnston, R. I.	02919
Madeline Di Santo	729 Centi		Johnston, R.I.	02919
Madeline Di Santo	729 Centr		Johnston, R. I.	02919
Madeline Di Santo	729 Centi		Johnston, R.I.	02919 ^{2/P CODE}
THI NAME	E NAMES OF TH	IE DIRECTORS AR	E:	ZIP CODE
Madeline Di Santo	729 Centi		Johnston, R. I.	02919
NAME:	STREET AC	ORESS.	CHYSTATE	ZECOR
NAME	STREET AD	ORESS	CTTY STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached	1)	NUMBER OF SHARES	S ISSUED AND OUTSTANDING (Rid	ter may be attached)
Number of Shares Class / Senes Common none		Number of Share's	Class/Senes Common none	
no par value		no	par value	
Date		deline Di Sar		
Form 31 - 195		mersons President		
DESIGNATED R		ENT FOR SERVICE		

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect. Form 9 must be filled.

SHELLEY MC KENNA ONE FRANKLIN SQUARE PROVIDENCE FI 02905

PLEASE TYPE or PRINT

File Annually LLC Sept. 1 Nov. 1 CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

0047611 Corporate ID:	Annual Report for the year:
No. portace 12.	THE ONE, INC.
Name of Business Entity:	······································
Business entity organized under the laws of the State of Rhode Island	Business Entity is (check one)
	[X] Business Corporation (See RIGL Chapter 7-1-1)
Federal Taxpayer Identification Numbers	[] Professional Service Corporation (See RIGL Chapter 7.5.1) [] Limited Liability Company (See RIGL 7-16)
For foreign entity, address and telephone number of principal office:	Name, title and mailing address of contact person to whom
	communications may be directed:
	<u> </u>
	President
Phone ()	779 Central Ave. Johnston, RI 02919
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	
One Franklin Square, Providence, RI	Brief statement of the character of business conducted in Rhode Island
	Operate a club and/or Reataurant
	Date of Organization: 7/14/88
Phone (401) 274-5560	Date of Qualification to do business in Rhode Island (if foreign entity)
Phone (1901) 279-5500	Date of Qualification to the business in Attack Island (if Policy Circle)
THE VANCE OF T	TE APPLICEBE A BP.
THE NAMES OF THE STREET AND STREE	
Madeline DiSanto 729 Central Ave	P. Johnston, RI 02919 RESS CINSTATE 7IPCODE
Madeline DiSanto 729 Central Ave	
CUSTODIAN OF RECORDS OR X SECRETARY (Check One) STREET ADD	RESS CITY/STATE ZIP/CODE
Madeline DiSanto 729 Central Ave	HESS CITATAL ZIPCONE
Madeline DiSanto 729 Central Avo	•
NAME THE NAMES OF	
Madeline DiSanto 729 Central Ave	Johnston RI 02919
NAME STREET ADM	RESS CITYSTATE ZECON.
NAME STREET ADD	RESS CITYSTATI, Z.P.CODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 100 900 LUN	NUMBER 100
CI A 88	CLASS COMMON
Common	Common
SERIES none	SERIES none
PAR VALUE OR no par value WITHOUT PAR	PAR VALUE OR no par value WITHOUT PAR
Date2/7	radeline De Santo Prendent
	*
	Madeline DiSanto PENAME OF OFFICE SKYMING
	President
inte Or the	is the find and
Fem3: 194	
	NT AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE. If the Corporation has changed its registered office and/or regi	istered or resident agent, Form 9 or Form LLC 3 milst be filed.

SHELLEY MC KENNA

ONE FRANKLIN SQUARE PROVIDENCE RI 02903

AMT 29 325

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Filing Fee \$50.0		CORPO 100 NO	157 JP. d and Frovidence RATIONS DIVISION RTH MAIN STREET E. RHODE ISLAND 02903		be filed annually between anuary 1st and March 1st
Corporate ID	004761.			oort for the year	1993
			IHE ONE, I		
SECOND	It is incorporated	l under the laws of	Rhode Island		
THIRD:	Character of busin	ess, briefly stated, i	s Operate a C	lub and Res	taurant
Fourth	If foreign corpor	ation, address of its	s principal office		
Г ІГТН:	Business address in	Rhode Island	One Franklin Sq	uare, Provi	dence, RI 0290
Ѕіхтн:	Names and address	es of its directors a		ss (including number, stree	(Attach rider if necessary)
Madelin	e DiSanto	Director	729 Centra	l Ave. John	ston, RI 02919
		Director		•••••••••••	
	••••••	Director	······	•••••	
Madelin	e DiSanto	President	Same	••••	
Madelin	e DiSanto	Vice Pres	ident Same	••••••••••••	
Madelin	e DiSanto	Secretary	Same		
Madelin	e DiSanto	Treasurer	Same	•••••	
SEVENTH	: Number of Shar	es authorized:	;		Par Value
No. of Sha	ires	Class	Senes		or statement that shares are without par value
1000		common	n/a	PAID no pa	·
_				EB 1 6 1993	
Еібнтн:	Number of Shares	s issued:	SEC	* 1 IP > 1 A I F	Par Value or statement that shares are without
No. of Sha	res	Class	Series		par value
1000	C	ommon	n/a	no į	oar value
Dated	2/11/93	19	The One, Inc. (Name of Corporation) By Madeline	,	
(Re	port must be signed by	an officer)	Title President	,	

State of Rhode Island and Providence Plantations

Corporations division
PROVIDENCE, RHODE ISLAND 02903

Corporate ID	.0047511	Annual Report f	or the year 1992
FIRST: The name	of the corporation is	CHE LIVE. IMC	
SECOND: It is inc	orporated under the laws of	Rhode Island	
THIRD: Character	r of business, briefly stated, is		Restaurant
FOURTH: If foreign	n corporation, address of its p		
FIFTH: Business a	ddress in Rhode Island	e Franklin Square, Pr	ovidence, RI 02903
SIXTH: Names an	d addresses of its directors and		(Attach rider if necessary)
Madeline DiSanto	Director	729 Central Ave.	Johnston, RI 02919
	Director		
	Director		
Madeline DiSanto	President	729 Central Ave.	Johnston, RI 02919
Madeline DiSanto	Vice Preside	ent 729 Central Ave.	Johnston, RI 02919
Madeline DiSanto	Secretary	729 Central Ave.	Johnston, RI 02919
Madeline DiSanto	Treasurer	729 Central Ave.	Johnston, RI 02919
	r of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
1000	COTITION	none	no par value
Еіднтн: Number	of Shares issued:		Par Value or statement that
No. of Shares	Class	Sories	shares are without par value
1000	common	none	no par value
Dated 2/12		The One, Inc.	
	В	y Madeline	a Santi
(Report must be	signed by an officer) T	itle President	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0047611	Annual Report fo	or the year	1991
First: The n	ame of the corporation is	THE ONE, INC.		
Second: It is	s incorporated under the laws of	Rhode Island		
THIRD: Char	acter of business, briefly stated,	is Operate a club ar	ı <u>d restau</u> ı	rant
FOURTH: If f	oreign corporation, address of it	s principal office		
FIFTH: Busin	ess address in Rhode Island	One Franklin Square	Providenc	≘e, RI 02903
	es and addresses of its directors a		(A	Attach rider if necessary)
Madeline	Disanto Director	729 Central Ave	Johnston	RI 02919
······	Director			
••••••	Director		•••••••••••	
Madeline	e DiSanto President	729 Central Ave	Johnston	Ri 02919
Madeline	DiSanto Vice Pres	ident729 Central Ave	Johnston	Ri 02919
Madeline	DiSanto Secretary	729 Central Ave	Johnston	RI 02919
Madeline	DiSanto Treasure	729 Central Ave	Johnston	RI 02919
SEVENTH: Nu	imber of Shares authorized:			Par Value r statement that
No. of Shares	Class	Scries		ares are without par value
1000	common	PAID	no par v	value
Еіснтн: Nun	nber of Shares issued:	LER 20 1991	0	Par Value r statement that
No. of Shares	Class	SECY OF STATE		ares are without par value
1000	common	none	no par v	alue
Februar Dated	y 22, 91	The One, Inc. (Name of Corporation)	Musetin	in No lan
(Report m	ust be signed by an officer)	Title President		

Form 31 1/85

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

			I MAIN STREET HODE ISLAND 02903		Art
Corporate ID	0047611		Annual Rep	ort for the year ARRE	!
First: The n	ame of the corporation	on is	THE ONE, INC.		
Second: It is	incorporated under	the laws of	Rhode	Island	
THIRD: Chara	acter of business, brie	fly stated, is	Operate a cl	ub and enterta	inment
Fourth: If fo	oreign corporation, ac	ldress of its p	rincipal office	•••••••••••••••••••••••••••••••••••••••	
FIFTH: Busine	ess address in Rhode	Island One	Franklin Squa	ce, Providence	, RI 02919
	s and addresses of its	directors and		(Atta	ch rider if necessary)
Madeline	DiSanto	Director	729 Central	Ave, Johnston	, RI 02919
Shelly R.	McKenna	Director	153 Carpente	er St. Provide	nce, RI 0290
Madeline	Ni Santo	. Director	720 0		
Madeline	******************************	. President		Ave, Johnston	***************************************
Shelly R.	******************************	. Vice Preside		Ave. Johnston	***********
*************************	*-*	. Secretary		er St. Provide	
Madeline	******************************	. Treasurer	729 Central	Ave. Johnstor	ı, RI 02919
Seventh: Nu	mber of Shares author	rized:		or sta	r Value ement that
No of Shares	Class		Series		are without ir value
1000	common		noneD	no par	value
EiGHTH: Num	ber of Shares issued:		rone PAID FEB 20 1290 FEB 20 1	ATE Pa	τ Value ement that
No. of Shares	Class		C. Augh 2	shares pa	are without r value
1000	common		none	no par	value
Dated February		90 (1 B	The One, Inc. Name of Corporation) y	ene De S	asto-
(Report mu	st be signed by an officer) T	itle Fresident	3	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID4/6	11	*****	Annual Report	for the year ¹⁹⁸⁹	
First: The name	e of the corporation is	The	e One Inc.		······································
Second: It is inc	corporated under the law	/s of	Rhode Island		······································
THIRD: Characte	er of business, briefly stat	ed, is	Operate a Club	and entertai	nsent
FOURTH: If forei	gn corporation, address of	of its prin	ncipal office		
Fifth: Business a	address in Rhode Island	Oae	Franklin Square	e, Providence,	RI 62903
SIXTH: Names ar	nd addresses of its director	ors and o		(Attach :	rider if necessary)
Mike Valoso			· santas (me	roung number, sireel, 21p Clase	•
Shelly R. Mcke				•••••	*******
	Direc	tor		•••••••••••••••••••••••••••••••••••••••	••••••••
	Direc	tor			•••••••
lichael Veloso Madeline DiSan	Fiesi	lent	125 Sterling A	ve. Providenc	e, RI 0290
·····	Vice	President		·········	• • • • • • • • • • • • • • • • • • • •
Shelly R. McKe	Secre	tary	153 Carpenter	Street Provid	ence, RI 029
Madeline DiSan	to Treas	urer	729 Central Av	e. Johnston,	RI 02919
SEVENTH: Number	er of Shares authorized:			Par Va	lue
No. of Shares	Class		Scries	or stateme shares are par va	without
				pat va	iu.
1000	Comaon		none	no par v	
Еібнтн: Number	of Shares issued:		بي	Par Va	lue
No. of Shares	Class		Series FEB y	shares are v	nt that without tue
000	common		none loros	lyby no par v	alue
February :	21 89 89	(Na By	The One, Inc	Par Va or stateme shares are va par va 1969 no par V	
(Report must be	e signed by an officer)	Titl	e President		