



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 47611		2. Name of Corporation THE ONE, INC.			
3. Street Address Principal Business Office ONE FRANKLIN SQUARE		City PROVIDENCE	State R.I.	Zip 02903	
4. Business Phone No. (401) 274-5560		5. State of Incorporation RHODE ISLAND		6. SIC Code 3095	
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MADELINE DISANTO		Vice President Name MADELINE DISANTO			
Street Address 729 CENTRAL AVE		Street Address 729 CENTRAL AVE.			
City JOHNSTON	State R.I.	Zip 02919	City JOHNSTON	State R.I.	Zip 02919
Secretary Name MADELINE DISANTO		Treasurer Name MADELINE DISANTO			
Street Address 729 CENTRAL AVE.		Street Address 729 CENTRAL AVE			
City JOHNSTON	State R.I.	Zip 02919	City JOHNSTON	State R.I.	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name YOUNG CHIN		Director Name			
Street Address 22 ANGELL DRIVE		Street Address			
City EAST. PROV.	State R.I.	Zip 02914	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
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 signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	2/15/05
Check No.	4969
By:	DA
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.

Signature of Officer: Madeline DiSanto Date: 2/11/05
Print or Type Name of Officer: MADELINE DISANTO
Title of Officer: PRESIDENT



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 47611		2. Name of Corporation THE ONE, INC.			
3. Street Address Principal Business Office ONE FRANKLIN SQUARE			City PROVIDENCE	State R.I.	Zip 02903
4. Business Phone No (401) 274-5560		5. State of Incorporation RHODE ISLAND			6. SIC Code 3095
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MADELINE Di SANTO			Vice President Name MADELINE Di SANTO		
Street Address 729 CENTRAL AVE			Street Address 729 CENTRAL AVE		
City JOHNSTON	State R.I.	Zip 02919	City JOHNSTON	State R.I.	Zip 02919
Secretary Name MADELINE Di SANTO			Treasurer Name MADELINE Di SANTO		
Street Address 729 CENTRAL AVE			Street Address 729 CENTRAL AVE		
City JOHNSTON	State R.I.	Zip 02919	City JOHNSTON	State RI.	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name YOUNG CHIN			Director Name		
Street Address 22 ANGEL DRIVE			Street Address		
City EAST PROV.	State R.I.	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
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 signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 7 6 1 1 *

File Date 2/10/04
Check No. 4471
By: Ma

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.

Signature of Officer Madeline Di Santo Date 2/5/04
Print or Type Name of Officer MADELINE Di SANTO
Title of Officer PRESIDENT



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2003

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

ONE FRANKLIN SQUARE

City

PROVIDENCE

State

R.I.

Zip

02903

4. Business Phone No.

(401)274-5560

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3095

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

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City JOHNSTON State R.I. Zip 02919

Vice President Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City JOHNSTON State R.I. Zip 02919

Secretary Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City JOHNSTON State R.I. Zip 02919

Treasurer Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City JOHNSTON State R.I. Zip 02919

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

Director Name

YOUNG CHIN

Street Address

22 ANGEL DRIVE

City EAST PROV. State R.I. Zip 02914

Director Name

Street Address

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

900 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

900

common

NO PAR

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



* 4 7 6 1 1 *

File Date: 2/5/03

Check No.: 4052

By: [Signature]

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.

Signature of Officer: [Signature] Date: 2/3/03

MADELINE DI SANTO

Print or Type Name of Officer

PRESIDENT

Title of Officer

5

Form 630 12/02



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

47611 THE ONE, INC.

3. Street Address Principal Business Office

ONE FRANKLIN SQUARE

4. Business Phone No.

(401) 274-5560

5. State of Incorporation

RHODE ISLAND

City

PROVIDENCE

State

R.I.

Zip

02903

6. SIC Code

3095

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

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City

JOHNSTON

R.I.

Zip

02919

Secretary Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE

City

JOHNSTON

R.I.

Zip

02919

Vice President Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City

JOHNSTON

R.I.

Zip

02919

Treasurer Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City

JOHNSTON

R.I.

Zip

02919

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

Director Name

YOUNG CHIN

Street Address

22 ANGEL DRIVE

City

EAST PROV.

State

R.I.

Zip

02914

Director Name

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

900 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

900

COMMON

NO PAR

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



* 4 7 6 1 1 *

File Date: 2-11-02

Check No.: 3747

By: [Signature]

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 2/7/02
Signature of Officer Date

MADELINE DISANTO

Print or Type Name of Officer

PRESIDENT

Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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 **ONE FRANKLIN SQUARE** City **PROVIDENCE** State **R.I.** Zip **02903**
4. Business Phone No. **(401) 274-5560** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3095**

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 MADELINE DI SANTO Street Address 729 CENTRAL AVE. City JOHNSTON State R.I. Zip 02919	Vice President Name MADELINE DI SANTO Street Address 729 CENTRAL AVE. City JOHNSTON State R.I. Zip 02919
Secretary Name MADELINE DI SANTO Street Address 729 CENTRAL AVE. City JOHNSTON State R.I. Zip 02919	Treasurer Name MADELINE DI SANTO Street Address 729 CENTRAL AVE. City JOHNSTON State R.I. Zip 02919

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

Director Name YOUNG CHIN Street Address 22 ANGELL DRIVE City EAST PROVIDENCE State R.I. Zip 02914	Director Name Street Address City State Zip
Director Name Street Address City State Zip 	Director Name Street Address City State Zip

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

AUTHORIZED SHARES

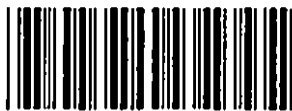
Number of Shares	Class/Series	Par Value
900 SHS NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
900	COMMON	NO PAR

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



* 4 7 6 1 1 *

File Date: 2/9

Check No.: 3407

By: [Signature]

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 2/7/01
Signature of Officer Date

MADELINE DI SANTO
Print or Type Name of Officer

PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

ONE FRANKLIN SQUARE

4. Business Phone No.

(401)274-5560

5. State of Incorporation
RHODE ISLAND

City

PROVIDENCE

State

R.I.

Zip

02903

6. SIC Code
3095

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

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City

JOHNSTON

State

R.I.

Zip

02919

Secretary Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City

JOHNSTON

State

R.I.

Zip

02919

Vice President Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City

JOHNSTON

State

R.I.

Zip

02919

Treasurer Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City

JOHNSTON

State

R.I.

Zip

02919

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

YOUNG CHIN

Street Address

22 ANGELL DRIVE

City

EAST PROVIDENCE R.I.

State

R.I.

Zip

02914

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

900 SHS NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

900

COMMON

NO PAR

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



* 4 7 6 1 1 *

File Date: 2-16-00

Check No.: 2743

By: [Signature]

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 2/15/00
Signature of Officer Date

MADELINE DI SANTO

Print or Type Name of Officer

PRESIDENT

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 47811		2. Name of Corporation THE ONE, INC.			
3. Street Address Principal Business Office ONE FRANKLIN SQUARE		City PROVIDENCE	State R.I.	Zip 02903	
4. Business Phone No. (401) 274-5560		5. State of Incorporation RHODE ISLAND		6. SIC Code 3095	
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MADELINE DI SANTO		Vice President Name MADELINE DI SANTO			
Street Address 729 CENTRAL AVE.		Street Address 729 CENTRAL AVE.			
City JOHNSTON	State R.I.	Zip 02919	City JOHNSTON	State R.I.	Zip 02919
Secretary Name MADELINE DI SANTO		Treasurer Name MADELINE DI SANTO			
Street Address 729 CENTRAL AVE.		Street Address 729 CENTRAL AVE.			
City JOHNSTON	State R.I.	Zip 02919	City JOHNSTON	State R.I.	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name YOUNG CHIN		Director Name			
Street Address 81 CANONCHET AVE.		Street Address			
City WARWICK	State R.I.	Zip 02888	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	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



* 4 7 6 1 1 *

File Date: **Feb 16, 99**
Check No.: **2414**
By: **[Signature]**

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 2/9/99
Signature of Officer Date

MADELINE DI SANTO

Print or Type Name of Officer

PRESIDENT

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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.

2. Name of Corporation

47611

THE ONE, INC.

3. Street Address Principal Business Office

ONE FRANKLIN SQUARE

City

PROVIDENCE

State

R.I.

Zip

02903

4. Business Phone No.

5. State of Incorporation

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City

JOHNSTON

State

R.I.

Zip

02919

Secretary Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City

JOHNSTON

State

R.I.

Zip

02919

Vice President Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City

JOHNSTON

State

R.I.

Zip

02919

Treasurer Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

City

JOHNSTON

State

R.I.

Zip

02919

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

YOUNG CHIN

Street Address

81 CANONCHET AVE.

City

WARWICK

State

R.I.

Zip

02888

Director Name

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

900 SHS NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

900

COMMON

NO PAR'

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



* 4 7 6 1 1 *

File Date: _____

Check No.: _____

By: _____

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 1/19/98
Signature of Officer Date

MADELINE DI SANTO
Print or Type Name of Officer

PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

47611

THE ONE, INC.

3. Street Address Principal Business Office

ONE FRANKLIN SQUARE

City

PROVIDENCE

State

R.I.

Zip

02903

4. Business Phone No.

(401) 274-5560

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3095

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)

President Name

MADELINE DI SANTO

Vice President Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

Street Address

729 CENTRAL AVE.

City

JOHNSTON

State

R.I.

Zip

02919

City

JOHNSTON

State

R.I.

Zip

02919

Secretary Name

MADELINE DI SANTO

Treasurer Name

MADELINE DI SANTO

Street Address

729 CENTRAL AVE.

Street Address

729 CENTRAL AVE.

City

JOHNSTON

State

R.I.

Zip

02919

City

JOHNSTON

State

R.I.

Zip

02919

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

YOUNG CHIN

Director Name

Street Address

8 RINGGOLD STREET

Street Address

City

PROVIDENCE

State

R.I.

Zip

02903

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

900 SHS NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

900

COMMON

NO PAR

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

File Date: 2/19/97

Check No.: 1462

By: KD

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 2/17/97
Signature of Officer Date

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 INK.

1. CORPORATE ID NO. 47611		2. NAME OF CORPORATION THE ONE, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE One Franklin Square		CITY Providence	STATE RI
4. BUSINESS PHONE NO. (401) 274-5560		5. STATE OF INCORPORATION RHODE ISLAND	6. ZIP CODE 02903
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			
PRESIDENT NAME Madeline DiSanto		VICE PRESIDENT NAME Madeline DiSanto	
STREET ADDRESS 729 Central Ave.		STREET ADDRESS 729 Central Ave.	
CITY Johnston	STATE RI	CITY Johnston	STATE RI
ZIP CODE 02919		ZIP CODE 02919	
SECRETARY NAME Madeline DiSanto		TREASURER NAME Madeline DiSanto	
STREET ADDRESS 729 Central Ave.		STREET ADDRESS 729 Central Ave.	
CITY Johnston	STATE RI	CITY Johnston	STATE RI
ZIP CODE 02919		ZIP CODE 02919	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Madeline DiSanto		DIRECTOR NAME	
STREET ADDRESS 729 Central Ave.		STREET ADDRESS	
CITY Johnston	STATE RI	CITY	STATE
ZIP CODE 02919		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES		ISSUED SHARES	
NUMBER OF SHARES 900 SHS NO PAR VAL	CLASS / SERIES PAR VALUE	NUMBER OF SHARES 900	CLASS / SERIES 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.

File Date: 2/6/96

Check No: 1126

By: *Madeline DiSanto*
For Secretary of State Use Only

Madeline DiSanto
Signature of Officer

Madeline DiSanto

Print or Type Name of Officer

President

1/19/96

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
401-277-3040



FILED

JAN 10 1995

ANNUAL REPORT

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID: 0047511 Annual Report for the year: 1995

Name of Corporation: THE ONE, INC.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not PO. Box):

One Franklin Square
Providence, R.I.

Phone: (401) 274-5560

IGL Chapter 7-1.1)
tion (See RIGL Chapter 7-5.1)

business conducted in Rhode Island:
1/or Restaurant

CFF

2-21

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Madeline Di Santo	729 Central Ave.	Johnston, R.I.	02919
VICE PRESIDENT Madeline Di Santo	729 Central Ave.	Johnston, R.I.	02919
SECRETARY Madeline Di Santo	729 Central Ave.	Johnston, R.I.	02919
TREASURER Madeline Di Santo	729 Central Ave.	Johnston, R.I.	02919

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Madeline Di Santo	729 Central Ave.	Johnston, R.I.	02919

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares 900	Class / Series Common none	Number of Shares 900	Class / Series Common none

no par value

no par value

Date: 1/9 1995

By: Madeline Di Santo

Madeline Di Santo

PRINT OR TYPE NAME OF OFFICER SIGNING

Form 31 1/95

TITLE OF OFFICER SIGNING: President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

SHELLEY MC KENNA
ONE FRANKLIN SQUARE
PROVIDENCE RI 02903

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
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

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

Corporate ID: 0047511 Annual Report for the year 1994

Name of Business Entity: THE ONE, INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone ()

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

Phone (401) 274-5560

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Madeline DiSanto

President

729 Central Ave. Johnston, RI 02919

Brief statement of the character of business conducted in Rhode Island

Operate a club and/or Restaurant

Date of Organization: 7/14/88

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (check one)			
Madeline DiSanto	729 Central Ave.	Johnston, RI	02919
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (check one)			
Madeline DiSanto	729 Central Ave.	Johnston, RI	02919
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (check one)			
Madeline DiSanto	729 Central Ave.	Johnston, RI	02919
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (check one)			
Madeline DiSanto	729 Central Ave.	Johnston, RI	02919

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Madeline DiSanto	729 Central Ave.	Johnston, RI	02919

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	CLASS	NUMBER	CLASS
100 900 <i>John</i>	common	100	common
SERIES none		SERIES none	
PAR VALUE OR WITHOUT PAR no par value		PAR VALUE OR WITHOUT PAR no par value	

Date 2/7, 19 94

By: Madeline DiSanto President

Madeline DiSanto

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

SHELLEY MC KENNA
ONE FRANKLIN SQUARE
PROVIDENCE RI 02903

FILED

REC 11-1
By AMT#29
325

Filing Fee \$50.00

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

1527B
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0047511 Annual Report for the year 1993

FIRST: The name of the corporation is THE ONE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Operate a Club and Restaurant

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island One Franklin Square, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Madeline DiSanto Director 729 Central Ave. Johnston, RI 02919

Director

Director

Madeline DiSanto President Same

Madeline DiSanto Vice President Same

Madeline DiSanto Secretary Same

Madeline DiSanto Treasurer Same

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

common

n/a PAID no par value

FEB 16 1993

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

common

n/a no par value

Dated 2/11/93 19

The One, Inc.
(Name of Corporation)

By Madeline DiSanto

(Report must be signed by an officer)

Title President

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903Corporate ID 0047511 Annual Report for the year 1992FIRST: The name of the corporation is THE ONE, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is Operate a Club and Restaurant

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island One Franklin Square, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Madeline DiSanto	Director	729 Central Ave. Johnston, RI 02919
	Director	
	Director	
Madeline DiSanto	President	729 Central Ave. Johnston, RI 02919
Madeline DiSanto	Vice President	729 Central Ave. Johnston, RI 02919
Madeline DiSanto	Secretary	729 Central Ave. Johnston, RI 02919
Madeline DiSanto	Treasurer	729 Central Ave. Johnston, RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	COMMON	none	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	COMMON	none	no par value

Dated 2/12 19 92

The One, Inc.

(Name of Corporation)

By Madeline DiSantoTitle President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0047611 Annual Report for the year 1991

FIRST: The name of the corporation is THE ONE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Operate a club and restaurant

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island One Franklin Square Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Madeline DiSanto	Director	729 Central Ave Johnston RI 02919
	Director	
	Director	
Madeline DiSanto	President	729 Central Ave Johnston Ri 02919
Madeline DiSanto	Vice President	729 Central Ave Johnston Ri 02919
Madeline DiSanto	Secretary	729 Central Ave Johnston RI 02919
Madeline DiSanto	Treasurer	729 Central Ave Johnston RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	none	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	none	no par value

Dated February 22, 1991

The One, Inc.

(Name of Corporation)

By

President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

At

Corporate ID 0047511

Annual Report for the year 1990

FIRST: The name of the corporation is THE ONE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Operate a club and entertainment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island One Franklin Square, Providence, RI 02919

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Madeline DiSanto Director 729 Central Ave, Johnston, RI 02919

Shelly R. McKenna Director 153 Carpenter St. Providence, RI 02903

Director

Madeline DiSanto President 729 Central Ave, Johnston, RI 02919

Madeline DiSanto Vice President 729 Central Ave. Johnston, RI 02919

Shelly R. McKenna Secretary 153 Carpenter St. Providence RI 02919

Madeline DiSanto Treasurer 729 Central Ave. Johnston, RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000 common

none

no par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000 common

none

no par value

Dated February 20 19 90

The One, Inc.

(Name of Corporation)

By

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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



Corporate ID 47611 Annual Report for the year 1989

FIRST: The name of the corporation is The One Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Operate a Club and entertainment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island One Franklin Square, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Mike Veloso	Director	
Shelly R. McKenna	Director	
	Director	
Michael Veloso	President	125 Sterling Ave. Providence, RI 02903
Madeline DiSanto	Vice President	729 Central Ave. Johnston, RI 02919
Shelly R. McKenna	Secretary	153 Carpenter Street Providence, RI 02903
Madeline DiSanto	Treasurer	729 Central Ave. Johnston, RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	none	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	none	no par value

Dated February 21 19 89

The One, Inc.

(Name of Corporation)

By

President

Title

(Report must be signed by an officer)