



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

Annual Report for the year: **2019**  
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**

MAR 01 2019

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1. Entity ID Number <b>96702</b>		2. Exact name of the Corporation <b>Scramblers II, Inc.</b>	
3. Principal Office Address <b>2 Greenville Avenue</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
4. NAICS Code <b>722511</b>	6. Brief description of the character of business conducted in Rhode Island <b>Restaurant</b>		
5. State of Incorporation <b>Rhode Island</b>	(401)272-3859		
7. List ALL officers (names and addresses)			
President Name <b>Kenneth Demarco, Jr.</b>		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address <b>1045 Reservoir Avenue 2 Greenville Ave</b>		Vice-President Name <b>Kenneth Demarco, Jr.</b>	
City <b>Johnston</b>		Street Address <b>1045 Reservoir Avenue</b>	
State <b>RI</b>		City <b>Johnston</b>	
Zip <b>02910</b>		State <b>RI</b>	
Secretary Name <b>Same</b>		Zip <b>02910</b>	
Treasurer Name <b>Same</b>		Street Address	
Street Address		City	
State		State	
Zip		Zip	
8. List ALL directors (names and addresses)			
Director Name <b>None</b>		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address		Director Name <b>None</b>	
City		Street Address	
State		City	
Zip		State	
Director Name		Zip	
Street Address		Director Name	
City		Street Address	
State		City	
Zip		State	
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued			
NUMBER OF SHARES		Check the box to indicate an attachment <input type="checkbox"/>	
0		CLASS/SERIES	
		PAR VALUE	
		0	
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 <b>Kenneth Demarco</b>			Date
Signature of Authorized Representative			
SIGN DOCUMENT HERE			

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov