



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.

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2019 MAR 28 AM 11:03

1. Entity ID Number 88000		2. Exact name of the Corporation MERKIN GROUP, INC.			
3. Principal Office Address 226 SOUTH MAIN STREET			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 722310		6. Brief description of the character of business conducted in Rhode Island OWN, LEASE, OPERATE AND MANAGE MERCHANDISE, FOOD CONCESSIONS.			
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 SALVATORE L. ROMANO			Vice-President Name SALVATORE L. ROMANO		
Street Address 226 SOUTH MAIN STREET			Street Address 226 SOUTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name SALVATORE L. ROMANO			Treasurer Name SALVATORE L. ROMANO		
Street Address 226 SOUTH MAIN STREET			Street Address 226 SOUTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SALVATORE L. ROMANO			Director Name		
Street Address 226 SOUTH MAIN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
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
			NONE	CNP	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.					
<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 SALVATORE L. ROMANO 					Date 3-19
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

MAR 28 2019

BY  NJDXH
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