



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 139735		2. Name of Corporation JACKY'S GALAXIE BRISTOL, INC.			
3. Street Address Principal Business Office 39 Riverview Drive			City North Providence	State Rhode Island	Zip 02904
4. Business Phone No. 401- 878-8000 253-8818		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION OF A RESTAURANT					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kin Wah Ko			Vice President Name Man Lam Lo		
Street Address 39 Riverview Drive			Street Address 39 Riverview Drive		
City North Providence	State Rhode Island	Zip 02904	City North Providence	State Rhode Island	Zip 02904
Secretary Name Kin Wah Ko			Treasurer Name Man Lam Lo		
Street Address 39 Riverview Drive			Street Address 39 Riverview Drive		
City North Providence	State Rhode Island	Zip 02904	City North Providence	State Rhode Island	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kin Wah Ko			Director Name		
Street Address 39 Riverview Drive			Street Address		
City North Providence	State Rhode Island	Zip 02904	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
3,000	NO PAR VALUE		1,500	Common	No Par

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



1 3 9 7 3 5

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.

139735 DBC 03/07/05 12:19:30 PM

File Date **FILED**

Check No. **APR 11 2005** 3617

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Signature of Officer [Signature] Date 2/10/05

Print or Type Name of Officer KIN WAH KO

Title of Officer president