



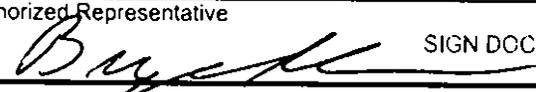
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: **2021**  
 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 STAMP**

JAN 20 2021  
 BY Leade OS

1. Entity ID Number <b>89461</b>		2. Exact name of the Corporation <b>BSK ENTERPRISE, INC.</b>			
3. Principal Office Address <b>Post Office Box 1131</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>53 1390</b>		6. Brief description of the character of business conducted in Rhode Island <b>Purchase, sell, lease, rent or otherwise deal with real estate</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Bryan Soscia</b>			Vice-President Name <b>Kathleen Soscia</b>		
Street Address <b>One Doric Court</b>			Street Address <b>One Doric Court</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>Bryan Soscia</b>			Treasurer Name <b>Bryan Soscia</b>		
Street Address <b>One Doric Court</b>			Street Address <b>One Doric Court</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1,000</b>	<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Bryan Soscia, President</b>				Date <b>1-9-2021</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov