



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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| | | | | | |
|--|--|---|-------------------------------------|---------------|-----------------|
| 1. Entity ID Number 000089461. | | 2. Exact name of the Corporation BSK ENTERPRISES INC | | | |
| 3. Principal Office Address PO Cox 1131 | | | City Coventry | | State RI |
| | | | Zip 02816 | | |
| 4. NAICS Code 531110 | | 6. Brief description of the character of business conducted in Rhode Island Purchase, sell, lease, rent or otherwise deal with real estate | | | |
| 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 Bryan Soscia | | | Vice-President Name Kathleen Soscia | | |
| Street Address One Doric Court | | | Street Address One Doric Court | | |
| City Coventry | | State RI | Zip 02816 | City Coventry | |
| | | State RI | Zip 02816 | | |
| Secretary Name Bryan Soscia | | | Treasurer Name Bryan Soscia | | |
| Street Address One Doric Court | | | Street Address One Doric Court | | |
| City Coventry | | State RI | Zip 02816 | City Coventry | |
| | | State RI | Zip 02816 | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name None | | | 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 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 |
| | | | 1,000 | Common | No Par |
| 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 Bryan Soscia | | | | | Date 2-19-25 |
| Signature of Authorized Representative | | | | | |

MAIL TO:
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