



State of Rhode Island
Department of State - Business Services Division

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OFFICE OF THE
CLERK OF THE STATE
TREASURY

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.

1. Entity ID Number 001749112		2. Exact name of the Corporation VK Holdings, Inc.			
3. Principal Office Address 133 Market Street			City Warren	State RI	Zip 02885
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island full service bar and restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Kerri A. Frattaruolo			Vice-President Name Vincent J. Frattaruolo		
Street Address 133 Market Street			Street Address 133 Market Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Kerri A. Frattaruolo			Treasurer Name Vincent J. Frattaruolo		
Street Address 133 Market Street			Street Address 133 Market Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			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		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common Shares	.01 par value	
Changes require an additional filing.					
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 Kerri A. Frattaruolo				Date 3-20-25	
Signature of Authorized Representative Kerri A. Frattaruolo					

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

FILED
APR 02 2025
BY **1628**