



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 40902		2. Exact name of the Corporation Legion Bowl, Inc.			
3. Principal office address 661 Park Avenue		City Cranston	State RI	Zip 02910	
4. Business Phone No. 401 781 8888		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Conducting and operating a bowling alley.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Marshall D'Ambrosio, Jr.			Vice-President Name		
Street Address 661 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name John K. Greim, Sr.			Treasurer Name John K. Greim, Sr.		
Street Address 661 Park Avenue			Street Address 661 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Marshall D'Ambrosio, Jr.			Director Name John K. Greim, Sr.		
Street Address 661 Park Avenue			Street Address 661 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	Common	No Par Value

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CORPORATIONS DIV
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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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 19 2014

By 40902

A.A.

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.

Signature of Authorized Representative

Date

Marshall D'Ambrosio, Jr., President

Print or Type Name of Authorized Representative