



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2016

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2016 NOV 30

R.I. DEPT. OF STATE  
BUSINESS DIVISION

|   |  |
|---|--|
| 1. Entity ID Number<br><u>0000 11286</u>              | 2. Exact name of the Corporation<br><u>TOWN HILL IGNEES INC.</u>   |
| 3. Principal Office Address<br><u>1463 Atwood Ave</u> | City<br><u>Johnston</u> State<br><u>R.I.</u>   |
| 4. Business Phone Number:<br><u>401-831-6940</u>      | 6. Brief description of the character of business conducted in Rhode Island<br><u>Operating a Bowling establishment and Related Auxiliary facilities</u> |
| 5. State of Incorporation<br><u>R.I.</u>              |  |

|   |                      |                     |   |                      |                     |  |  |
|---|----------------------|---------------------|---|----------------------|---------------------|--|--|
| 7. List ALL officers (names and addresses)  |                      |                     |   |                      |                     | Check the box to indicate an attachment <input type="checkbox"/> |  |
| President Name<br><u>Frank G. Ferris</u>    |                      |                     | Vice-President Name<br><u>Anthony Michael Cglavco</u> |                      |                     |  |  |
| Street Address<br><u>38 Lippt Ave</u>       |                      |                     | Street Address<br><u>38 Lippt Ave</u>                 |                      |                     |  |  |
| City<br><u>Warwick</u>                      | State<br><u>R.I.</u> | Zip<br><u>02888</u> | City<br><u>Warwick</u>                                | State<br><u>R.I.</u> | Zip<br><u>02888</u> |  |  |
| Secretary Name<br><u>Phyllis Sannilli</u>   |                      |                     | Treasurer Name<br><u>Don L. Ferris</u>                |                      |                     |  |  |
| Street Address<br><u>9935 SW Chatham Dr</u> |                      |                     | Street Address<br><u>2426 Cranston St.</u>            |                      |                     |  |  |
| City<br><u>Port St Louis</u>                | State<br><u>FL.</u>  | Zip<br><u>34987</u> | City<br><u>Cranston</u>                               | State<br><u>R.I.</u> | Zip<br><u>02920</u> |  |  |

|   |       |     |                |       |     |  |  |
|---|-------|-----|----------------|-------|-----|--|--|
| 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 | Check the box to indicate an attachment <input type="checkbox"/> |           |
| This information is currently of record in the Department of State. | NUMBER OF SHARES  | CLASS/SERIES   | PAR VALUE |
|   | <u>500</u>        | <u>CNP</u>   | <u>0</u>  |
| 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<br><u>Richard Ferris</u>   | Date<br><u>11/30/16</u> |
| Signature of Authorized Representative<br><u>[Signature]</u> |                         |

FILED

SIGN DOCUMENT HERE

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## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2016

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