RI SOS Filing Number: 201755243140 Date: 12/20/2017 3:17:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2017 DEC 20 PM 3:16

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
000058896	VINTAGE SOUND, INC.		
3. Principal Office Address	**City**	**State**	**Zip**
1 THROOP ALLEY	PROVIDENCE	RI	02903
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
722410	EATING AND DRINKING ESTABLISHMENT		
5. State of Incorporation			
RHODE ISLAND			

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name			Vice-President Name		
DOUGLAS LOPEZ			FRANK CRUZ		
Street Address			**Street Address**		
2450 HARTFORD AVENUE			5 THIRD STREET		
City	**State**	**Zip**	**City**	**State**	**Zip**
JOHNSTON	RI	02919	NO. PROVIDENCE	RI	02911
Secretary Name			**Treasurer Name**		
CYNTHIA LOPEZ			DOUGLAS LOPEZ		
Street Address			**Street Address**		
2450 HARTFORD AVENUE			2450 HARTFORD AVENUE		
City	**State**	**Zip**	**City**	**State**	**Zip**
JOHNSTON	RI	02919	JOHNSTON	RI	02919

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0	CNP	0.01

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	Date
NANCI C MELUCCI, ESQ	12/20/2017

Signature of Authorized Representative: Nanci C Melucci

SIGN DOCUMENT HERE **FILED**

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

DEC 20 2017 3:17

BY CR 320299

FORM 630 - Revised: 10/2017