



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

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.

2017 DEC 20 PM 3:16

1. Entity ID Number 000858896			2. Exact name of the Corporation VINTAGE SOUND, INC.		
3. Principal Office Address 1 THROOP ALLEY			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island EATING AND DRINKING ESTABLISHMENT			
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 DOUGLAS LOPEZ			Vice-President Name FRANK CRUZ		
Street Address 2450 HARTFORD AVENUE			Street Address 5 THIRD STREET		
City JOHNSTON	State RI	Zip 02919	City NO. PROVIDENCE	State RI	Zip 02911
Secretary Name CYNTHIA LOPEZ			Treasurer Name DOUGLAS LOPEZ		
Street Address 2450 HARTFORD AVENUE			Street Address 2450 HARTFORD AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
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. Changes require an additional filing.			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 NANCY C MELUCCI, ESQ					Date 12/20/2017
Signature of Authorized Representative <i>Nancy C Melucci</i>					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

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BY CH 320299 FORM 630 - Revised: 10/2017