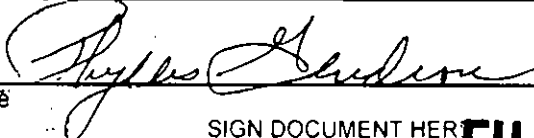




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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 33696		2. Exact name of the Corporation P & G BOWLING INCORPORATED			
3. Principal Office Address 80 Newport Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 713950		6. Brief description of the character of business conducted in Rhode Island Recreational bowling center			
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 Phyllis Gendron			Vice-President Name None		
Street Address 468 Fairway Drive			Street Address		
City Somerset	State MA	Zip 02726	City	State	Zip
Secretary Name Phyllis Gendron			Treasurer Name Norman P. Gendron		
Street Address 468 Fairway Drive			Street Address 468 Fairway Drive		
City Somerset	State MA	Zip 02726	City Somerset	State MA	Zip 02726
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Phyllis Gendron			Director Name Norman R. Gendron		
Street Address 468 Fairway Drive			Street Address 468 Fairway Drive		
City Somerset	State MA	Zip 02726	City Somerset	State MA	Zip 02726
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
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 Phyllis Gendron, President				Date 2/9/18	
Signature of Authorized Representative 				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

BY 14262

FORM 630 - Revised: 10/2017