



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 **2019**

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.<br><b>128742</b>   |                    | 2. Exact name of the Corporation<br><b>T &amp; T's 133 Club, Inc.</b> |   |                     |                     |
| 3. Principal office address<br><b>29 Warren Avenue</b>  |                    | City<br><b>East Providence</b>  | State<br><b>RI</b>  | Zip<br><b>02914</b> |                     |
| 4. Business Phone No.<br><b>401-438-1330</b>  |                    | 5. State of Incorporation<br><b>Rhode Island</b>                      |   |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>To own and operate a Restaurant/Tavern dispensing food and alcohol at retail prices along with entertainment and recreation.</b><br><b>222513</b> |                    |   |   |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |   |                     |                     |
| President Name<br><b>Anthony Andreozzi</b>  |                    |   | Vice-President Name<br><b>Anthony Andreozzi</b>                     |                     |                     |
| Street Address<br><b>17 Curtis Lane</b>   |                    |   | Street Address<br><b>17 Curtis Lane</b>                             |                     |                     |
| City<br><b>Riverside</b>  | State<br><b>RI</b> | Zip<br><b>02915</b>   | City<br><b>Riverside</b>  | State<br><b>RI</b>  | Zip<br><b>02915</b> |
| Secretary Name  |                    |   | Treasurer Name  |                     |                     |
| Street Address  |                    |   | Street Address  |                     |                     |
| City  | State              | Zip   | City  | State               | Zip                 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of Instruction sheet.   |                    |   | NUMBER OF SHARES  | CLASS/SERIES        | PAR VALUE           |
|   |                    |   |   | 0                   |                     |
|   |                    |   |   |                     |                     |

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

FEB 06 2019

BY

**25043**

**OS**

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.

**Anthony Andreozzi** 1/16/19  
Signature of Authorized Representative Date  
**Anthony Andreozzi**  
Print or Type Name of Authorized Representative