



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

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FOR

- 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 1661594		2. Exact name of the Corporation 178 ATWELLS AVENUE ENTERPRISES, INC.			
3. Principal Office Address 178 ATWELLS AVENUE			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island TO OPERATE AND MANAGE A CIGAR LOUNGE, RESTAURANT AND RELATED SERVICES (RETAIL)			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY C. MEROLA II			Vice-President Name ANTHONY C. MEROLA II		
Street Address 178 ATWELLS AVENUE			Street Address 178 ATWELLS AVENUE		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name WILLIAM C. DIMITRI			Treasurer Name ANTHONY C. MEROLA II		
Street Address 178 ATWELLS AVENUE			Street Address 178 ATWELLS AVENUE		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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		
			NONE		
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 ANTHONY C. MEROLA II					Date 1.29.19
Signature of Authorized Representative <i>Anthony C. Merola II</i> 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

FEB 07 2019

FORM 630 - Revised: 10/2017

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