



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 MAR -1 AM 11:44

1. Entity ID Number 1689661		2. Exact name of the Corporation Sons of Italy, II, Inc.	
3. Principal Office Address 99 Hicks Street		City East Providence	State RI
		Zip 02914	
4. NAICS Code 722410	6. Brief description of the character of business conducted in Rhode Island Operation of a bar/tavern with food services/restaurant		
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 Thomas F. Price		Vice-President Name Patricia M. Price	
Street Address 99 Hicks Street		Street Address 99 Hicks Street	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
Secretary Name Ashley A. Almeida		Treasurer Name Ashley A. Almeida	
Street Address 99 Hicks Street		Street Address 99 Hicks Street	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Thomas F. Price		Director Name Patricia M. Price	
Street Address 99 Hicks Street		Street Address 99 Hicks Street	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		100 Common No 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 Thomas F. Price, President			Date 2-25-2019
Signature of Authorized Representative <i>Thomas F. Price</i>			

FILED
MAR 29 2019
BY *H/CSG*
AA