



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.

1. Entity ID Number 1666538		2. Exact name of the Corporation VMTCS GROUP, INC.	
3. Principal Office Address 214 Columbus Avenue		City Pawtucket	State RI
		Zip 02861	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RESTAURANT BUSINESS, MEETING FACILITY, CONDUCT BUSINESS BANQUETS, AND PROVIDE ENTERTAINMENT		
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 VICTOR C. SANTOS		Vice-President Name NONE	
Street Address 19 Derby Street		Street Address	
City Pawtucket	State RI	Zip 02860	
Secretary Name VICTOR C. SANTOS		Treasurer Name VICTOR C. SANTOS	
Street Address 19 Derby Street		Street Address 19 Derby Street	
City Pawtucket	State RI	Zip 02860	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name VICTOR C. SANTOS		Director Name	
Street Address 19 Derby Street		Street Address	
City Pawtucket	State RI	Zip 02860	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES COMMON
		PAR VALUE 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 VICTOR C. SANTOS, PRESIDENT		Date February 19, 2019	
Signature of Authorized Representative <i>Victor C. Santos</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

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