RI SOS Filing Number: 202035279770 Date: 2/24/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FEB 24 2020

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

Entity ID Number	2 Exact nan	2 Exact name of the Corporation					
000502505		r and Billiards					
3. Principal Office Address			City		State	Zıp	
33 Lambert Lind Higway			Warwick		RI	02886	
4 NAICS Code	6. Brief desc	inption of the chara	cter of business of	conducted in Rhode	Island		
UIPK	Sales of ale	Sales of alcoholic beverages and food for immediate consumption and entertainment pool.					
5. State of Incorporation	\dashv					•	
Rhode Island	İ						
7. List ALL officers (names an	nd addresses)			Check	k the box to ind	dicate an attachment	
Precident Name Joshua Soulli	liere		Vice-Presiden	nt Name Stephen So			
Street Address 99 Church Stre			Street Addres				
				63 Indian Trail			
City Warwick	State RI	Zip 02889	City Saunde	City Saunderstown Sta		Zip 02874	
Secretary Name			Treasurer Nar				
Street Address			Ctroot Address	Street Address			
Street Address			Street Address	S			
City	State	Ζιp	City	City		Zıp	
8. List ALL directors (names a	and addresses)			Chec	k the box to inc	dicate an attachment	
Director Name			Director Name				
Street Address			Street Addres	Street Address			
			0110017.02.22				
City	State	Zıp	City		State	Zıp	
Director Name			Director Name	e		<u>i</u>	
Street Address	_	_	Street Addres	, <u>s</u>			
City	State	Zip	City		State	Zip	
<u> </u>						<u></u>	
9 Shares Authorized This information is currently of	4 second in the	10. Shares Is:	SSUED OF SHARES	Check CLASS/SERII		dicate an attachment PAR VALUE	
Department of State.	record in the	1,000	yr grinis. u	common	<u>E3</u>	No Par	
Changes require an additional (filing.	<u> </u>		 	+		
		<u> </u>		<u> </u>			
11. This report must be execu					poration is in the	e hands of a receiver or	
trustee, this report must be ex					ving col	hadiilaa and	
Under penalty of perjury, I o statements, and that all stat				incidoing any acco	трапушу эы	lequies and	
Name of Authorized Represer		I Herem are was a	na correct.		Date.		
JUSHUA SOL	ULUERE				2 18	2020	
Signature of Authorized Region	esentative					-	
1		583N DU	JOHNSON HERE	-			

MÁIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov