



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 BUS SVCS DIV
 2020 MAR 12 A 9:35

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.

1. Entity ID Number 507892		2. Exact name of the Corporation ICON Corp.			
3. Principal Office Address 180 Pine Street			City Providence	State RI	Zip 02903
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island Night club serving food and beverage			
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 E. Anthony Santurri			Vice-President Name Erik Tidd		
Street Address 180 Pine Street			Street Address 180 Pine Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Eric Marcotte			Treasurer Name E. Anthony Santurri		
Street Address 180 Pine Street			Street Address 180 Pine Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name E. Anthony Santurri			Director Name NONE		
Street Address 180 Pine Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name NONE			Director Name NONE		
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/SLR/ILS	PAR VALUE
		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. <i>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.</i>					
Name of Authorized Representative E. Anthony Santurri				Date 3/12/20	
Signature of Authorized Representative 			FILED SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 MAR 12 2020
 BY 6258