

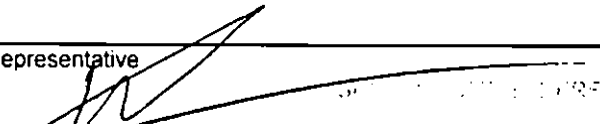
AMENDED



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

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 <b>001698102</b>		2. Exact name of the Corporation <b>FabCity Cigar Lounge, Inc.</b>			
3. Principal Office Address <b>22 Hobson Avenue</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code <b>722410</b>		6. Brief description of the character of business conducted in Rhode Island <b>Cigar Bar &amp; Lounge</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Allen Correia</b>			Vice-President Name <b>Frank Gomes</b>		
Street Address <b>22 Hobson Avenue</b>			Street Address <b>26 Heaton Street</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>Josimar Duarte</b>			Treasurer Name <b>Allen Correia</b>		
Street Address <b>13 Aiken Street</b>			Street Address <b>22 Hobson Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Allen Correia</b>			Director Name <b>Frank Gomes</b>		
Street Address <b>22 Hobson Avenue</b>			Street Address <b>26 Heaton Street</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>Josimar Duarte</b>			Director Name		
Street Address <b>13 Aiken Street</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>10</b>		<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Allen Correia</b>				Date <b>8-28-2020</b>	
Signature of Authorized Representative 				<b>FILED</b> <b>AUG 31 2020</b>	

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

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