



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JAN 27 2021

BY 255

- 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 1698102		2. Exact name of the Corporation FabCity Cigar Lounge, Inc.				
3. Principal Office Address 22 Hobson Avenue			City North Providence	State RI	Zip 02911	
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island CIGAR BAR AND LOUNGE				
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 Allen Correia			Vice-President Name Frank Gomes			
Street Address 22 Hobson Avenue			Street Address 26 Heaton Street			
City North Providence	State RI	Zip 02911	City Pawtucket	State RI	Zip 02860	
Secretary Name Josimar Duarte			Treasurer Name Allen Correia			
Street Address 13 Aiken Street			Street Address 22 Hobson Avenue			
City Pawtucket	State RI	Zip 02961	City North Providence	State RI	Zip 02911	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Allen Correia			Director Name Frank Gomes			
Street Address 22 Hobson Avenue			Street Address 26 Heaton Street			
City North Providence	State RI	Zip 02911	City Pawtucket	State RI	Zip 02860	
Director Name Josimar Durte			Director Name			
Street Address 13 Aiken Street			Street Address			
City Pawtucket	State RI	Zip 02861	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/SERIES	PAR VALUE	
		10		COMMON	NO PAR	
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 ALLEN CORREIA					Date 1/19/2021	
Signature of Authorized Representative 						