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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
FEB 19 2021
BY 71596

1. Entity ID Number	2. Exact name of the Corporation
42430	R.I. BILLIARD CLUB, INC.

3. Principal Office Address	City	State	Zip
2024-2026 SMITH STREET	NORTH PROVIDENCE	RI	02911

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722410	BILLIARD CLUB, RESTAURANT AND RECREATIONAL CLUB
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	ANTHONY COSTANZO III		Vice-President Name	ANTHONY COSTANZO III	
Street Address	2024-2026 SMITH STREET		Street Address	2024-2026 SMITH STREET	
City	NORTH PROVIDENCE	State RI Zip 02911	City	NORTH PROVIDENCE	State RI Zip 02911
Secretary Name	ANTHONY COSTANZO III		Treasurer Name	ANTHONY COSTANZO III	
Street Address	2024-2026 SMITH STREET		Street Address	2024-2026 SMITH STREET	
City	NORTH PROVIDENCE	State RI Zip 02911	City	NORTH PROVIDENCE	State RI Zip 02911

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.			

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	Date
ANTHONY COSTANZO III	
Signature of Authorized Representative	President

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

FORM 630 - Revised: 08/2020