



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

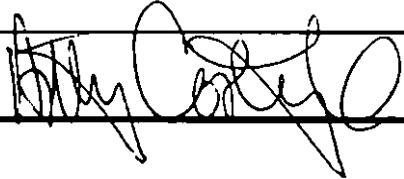
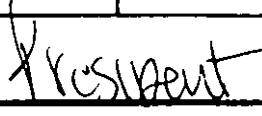
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 19 2021

BY

71596

1. Entity ID Number 42430		2. Exact name of the Corporation R.I. BILLIARD CLUB, INC.			
3. Principal Office Address 2024-2026 SMITH STREET			City NORTH PROVIDENCE	State RI	Zip 02911
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island 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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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. 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 ANTHONY COSTANZO III					Date
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov