



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 SEP 10 PM 4:25

- 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 000742992 | | 2. Exact name of the Corporation International Club & Billar | | | |
| 3. Principal Office Address 327 Barton St | | City Pawtucket | | State RI | Zip 02860 |
| 4. NAICS Code 722410 | | 6. Brief description of the character of business conducted in Rhode Island Bar and billar club | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name 327 Barton St | | | Vice-President Name | | |
| Street Address Alex Samayoa | | | Street Address | | |
| City Pawtucket | State RI | Zip 02860 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | 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 Alex Samayoa | | | | Date 9/10/2021 | |
| Signature of Authorized Representative | | | | FILED | |

MAIL TO:
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SEP 10 2021
BY AK EBRYS
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