RI SOS Filing Number: 202218680450 Date: 6/21/2022 4:00:00 PM

State of Rhode Island Department of Sta	ess Services D	ivision			RALL UEPT C BUS SV		
Annual Report for the year Corporation	ar:	2022	_			POET SVI	
<ul> <li>→ Filing period: February 1 - I</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fe</li> </ul>	·	t filed by May 31.				PH TO	
1. Entity ID Number	2. Exact name	e of the Corporation				. 2	
001682879	VP Hosp	itality Corp.					
Principal Office Address     S5 Ashley Street			City Cranston	<del></del>	State RI	Zip 02920	
4. NAICS Code	6 Brief descri	intion of the characte		anducted in Phode		02920	
722511	Brief description of the character of business conducted in Rhode Island     Full Service Restaurant						
5. State of Incorporation							
7. List ALL officers (names and add	Check the box to indicate an attachment						
President Name DavidVasco			Vice-President Name Savitree Vasco				
Street Address 55 Ashley Street			Street Address 55 Ashley Street				
<sup>City</sup> Cranston	State RI	<sup>Z<sub>1</sub>p</sup> 02920	City Cransto		State RI	<sup>Zip</sup> 02920	
Secretary Name Suchittra Phovijit			Treasurer Name Nareenitch Phovijit				
Street Address 12 Bainbridge A	Street Address 12 Bainbridge Avenue						
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02909	City Provide	ence	State RI	<sup>Zip</sup> 02909	
List ALL directors (names and addresses)  Director Name			Director Name		ck the box to indic	cate 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	Ζ.ρ	City		State	Zıp	
9. Shares Authorized	<u> </u>	10. Shares Issu				ate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		1000.00	SHARES	CNP	T T	\$0.0100	
11. This report must be executed o	n behalf of the			entative. If the cor	rporation is in the	hands of a receiver or	
trustee, this report must be execute Under penalty of perjury, I declar					ompanying sche	dules and	
statements, and that all statements.  Name of Authorized Representative		herein are true and	f correct.		Date		
David Vasco					1 /	5/22	
Signature of Authorized Representative FILED							
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode	Island 02904-26	315	NOC.	2 1 2022 2022	AH		

Phone: (401) 222-3040 Website: www.sos ri.gov

FORM 630 - Revised: 11/2021