



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2023**
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
MAR 07 2023
BY 15671
RS

| | | | | | |
|---|--------------------|---|---|---------------------|---|
| 1. Entity ID Number 15779 | | 2. Exact name of the Corporation KINGSTOWN BOWL, INC. | | | |
| 3. Principal Office Address 6125 Post Road | | City North Kingstown | | State RI | Zip 02852 |
| 4. NAICS Code 713950 | | 6. Brief description of the character of business conducted in Rhode Island Bowling and Billiards | | | |
| 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 Kevin C. Heise | | | Vice-President Name None | | |
| Street Address 6125 Post Road | | | Street Address | | |
| City North Kingstown | State RI | Zip 02852 | City | State | Zip |
| Secretary Name Kevin C. Heise | | | Treasurer Name Kevin C. Heise | | |
| Street Address 6125 Post Road | | | Street Address 6125 Post Road | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name None | | | 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 <input type="checkbox"/> | | | | | |
| This information is currently of record in the Department of State. | | | | | |
| NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE | |
| 5 | | Common | | No 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 Kevin C. Heise, President | | | | | Date Feb 26th 2023 |
| Signature of Authorized Representative | | | | | SIGN DOCUMENT HERE |

MAIL TO:
Division of Business Services
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