RI SOS Filing Number: 202331429040 Date: 3/20/2023 4:00:00 PM

State of Rhode Island Department of Sta	ate - Busine	ss Services D	Division		 	
Annual Report for the year: 2023					FILE	5
Corporation ————————————————————————————————————			MAR 20 2023			
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00			BY 7843			
→ Penalty: Additional \$25.00 f	ee if form is no	filed by May 31.		64	- · <u></u>	E
Entity ID Number	 .					
1666538	VMTCS	GROUP, INC) .			
3. Principal Office Address			City		State	Zip
214 Columbus Avenue			Pawtucke		RI	02861
4. NAICS Code		ption of the characti				
722511	TO OPERATE A RESTAURANT BUSINESS, MEETING FACILITY,					
5. State of Incorporation RHODE ISLAND	CONDUCT BUSINESS BANQUETS, AND PROVIDE ENTERTAINMENT					
7. List ALL officers (names and ad	dresses)		hr. D	Che	ck the box to in	ndicate an attachment 🗖
President Name VICTOR C. SANTOS			Vice-President Name N/A			
Street Address 19 Derby Street			Street Address			
^{City} Pawtucket	State RI	^{Zip} 02860	City		State	Zip
Secretary Name VICTOR C. SA	Treasurer Name VICTOR C. SANTOS					
Street Address 19 Derby Street			Street Address 19 Derby Street			
^{City} Pawtucket	State RI	^{Zip} 02860	^{City} Pawtucket		State RI	^{Zip} 02860
8. List ALL directors (names and a	iddresses)		Director Name		ck the box to i	ndicate an attachment
Director Name VICTOR C. SA	Director Marie					
Street Address 19 Derby Street			Street Address			
^{City} Pawtucket	State RI	^{Zip} 02860	City		State	Zip
Director Name			Director Name			
Street Address	Street Address					
City	State	Zip	City		State	Zip
9. Shares Authorized	· 	10. Shares Issu				ndicate an attachment PAR VALUE
This information is currently of record in the Department of State.		100	NUMBER OF SHARES		COMMON NO	
Changes require an additional filing.						
11. This report must be executed trustee, this report must be execu					rporation is in	the hands of a receiver or
Under penalty of perjury, I decide	ere and affirm ti	hat I have examine	ed this report, i		ompanying s	chedules and
statements, and that all statements and that all statements with the statements and that all statements are statements.	a correct.	Date				
VICTOR C. SANTOS, PR		February 21, 2023				
Signature of Authorized Represen	rules	~·				
MAIL TO:						

MAIL TO:

Division of Business Services

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

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