



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
APR 25 2023
 11049 *[Signature]*

1. Entity ID Number 42430		2. Exact name of the Corporation R.I. Billard 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 Billard Club, Restaurant and Recreational 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 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 <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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common	No PAR
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 3/31/23
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov