



**State of Rhode Island  
Department of State - Business Services Division**

**STAMP**

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.

REC'D RHODES BSD  
24 JAN 28 PM 1:16:57

1. Entity ID Number <b>139747</b>	2. Exact name of the Corporation <b>SLAM ASSOCIATES INC</b>
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3. Principal Office Address <b>422 HIGH STREET</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
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4. NAICS Code <b>722513</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO OWN AND OPERATE AN ESTABLISHMENT FOR DIPENSING FOOD AND ALCOHOLIC BEVERAGES</b>
5. State of Incorporation <b>RHODE ISLAND</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ANTONIO J ALBUQUERQUE</b>			Vice-President Name		
Street Address <b>46 HOWE STREET</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ANTONIOMJ ALBUQUERQUE</b>			Director Name		
Street Address <b>46 HOWE STREET</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized <small>This information is currently of record in the Department of State.</small>	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
<small>Changes require an additional filing.</small>	NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR</b>

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 <b>Antonio J. ALBUQUERQUE</b>	FILED <b>1:17</b>	Date <b>1/29/24</b>
Signature of Authorized Representative <i>[Handwritten Signature]</i>	<b>JAN 29 2024</b>	

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

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