



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 1:06:57

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 This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>100</b>	<b>COMMON</b>	<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 <b>[Signature]</b>	<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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