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

Annual Report for the year: **2024**

Corporation

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

1. Entity ID Number 000131106	2. Exact name of the Corporation Atlantic Entertainment Corp
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3. Principal Office Address 101 Plain Street, 1st Floor, Suite 100	City Providence	State RI	Zip 02903
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4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island THE ACQUISITION AND MANAGEMENT OF RECREATIONAL SERVICES
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carl A. Sisto			Vice-President Name		
Street Address 101 Plain Street, 1st Floor, Suite 100			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Carl A. Sisto			Treasurer Name Carl A. Sisto		
Street Address 101 Plain Street, 1st Floor, Suite 100			Street Address 101 Plain Street, 1st Floor, Suite 100		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903

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.	NMBR OF SHARES	CLASS/FRS	PAR VALUE
Changes require an additional filing.	100	CNP	\$0.00

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 Carl A. Sisto	Date 2/22/2024
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Signature of Authorized Representative 	FILED FEB 23 2024
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

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