



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.

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1. Entity ID Number 000131106		2. Exact name of the Corporation Atlantic Entertainment Corp	
3. Principal Office Address 101 Plain Street, 1st Floor, Suite 100		City Providence	State RI
Zip 02903			
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	
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	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		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	
Signature of Authorized Representative 		FILED FEB 23 2024	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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