



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

FILED

APR 17 2024

BY 1118
DS

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 1689661		2. Exact name of the Corporation Sons of Italy, II, Inc.			
3. Principal Office Address 99 Hicks Street			City East Providence	State RI	Zip 02914
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island Operation of a bar/tavern with food services/restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas F. Price			Vice-President Name Patricia M. Price		
Street Address 99 Hicks Street			Street Address 99 Hicks Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Ashley A. Almeida			Treasurer Name Ashley A. Almeida		
Street Address 99 Hicks Street			Street Address 99 Hicks Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas F. Price			Director Name Patricia M. Price		
Street Address 99 Hicks Street			Street Address 99 Hicks Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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/SLRILS
			50		Common
			PAR VALUE		No Par Value
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 Thomas F. Price, President				Date 4-8-24	
Signature of Authorized Representative <i>Thomas F. Price, President</i>					