



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.

FILED STAMP

MAY 01 2024

BY *[Signature]* 10068

1. Entity ID Number 507892		2. Exact name of the Corporation ICON Corp.												
3. Principal Office Address 180 Pine Street			City Providence	State RI	Zip 02903									
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island Night club serving food and beverage												
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 E. Anthony Santurri			Vice-President Name Erik Tidd											
Street Address 180 Pine Street			Street Address 180 Pine Street											
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903									
Secretary Name Eric Marcotte			Treasurer Name E. Anthony Santurri											
Street Address 180 Pine Street			Street Address 180 Pine Street											
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 E. Anthony Santurri			Director Name None											
Street Address 180 Pine Street			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
Director Name None			Director Name None											
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 Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	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 E. Anthony Santurri					Date 4/24/24									
Signature of Authorized Representative <i>[Signature]</i>														

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