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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

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APR 30 2024 DZ
BY 5543

Entity ID Number		2. Exact name of the Corporation							
000009127		Meadowbrook Lanes, Inc							
3. Principal Office Address			City		State	Zip			
166 Dean Street			Provide	ence	RI	02903			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
44-45 Retail Trade	Bowling	Bowling Alley							
5. State of Incorporation	-	•							
RI									
7. List ALL officers (names and	i addresses)		Check the box to indicate an attachment						
President Name John J. Pat	erra II			Vice-President Name John J. Paterra II					
Street Address 104 Brettony	Street Addr	Street Address 104 Brettonwoods Drive							
City Cranston	State RI	Zip 02920	City Cranston		State R	Zip			
Secretary Name		02020		Treasurer Name					
Street Addross	Charact Address			Street Address					
			Street Actor	Street Address					
City	State	Zip	City		State	Zip			
8. List ALL directors (names ar	nd addresses)			Check the	e box to indicate	an attachment 🗆			
Director Name		·	Director Na	ame					
Street Address			Street Addi	Street Address					
City	State	Zip	City		State	Zip			
Director Name			Cienetos Ni						
Dilector Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Iss	<u> </u>	Ded Check the box to indicate an attai		e an attachment.			
This information is currently of	nis information is currently of record in the NUMBER OF								
Department of State.		100	<u></u>	Common	N	o Par Value			
Changes require an additional f	iling.								
11. This report must be execut					orporation is in the	he hands of a re-			
ceiver or trustee, this report m Under penalty of perjury, I d	ust be executed o	n behalf of the corpo	ration by the	receiver or trustee.	companying so	hedules and			
statements, and that all stat	tements containe					restaure und			
Name of Authorized Representative					Date 04.2024				
John J Paterra II				<u> </u>	04-24-	04-24-2024			
Signature of Authorized Repre	sentative								
) XC=-'\(Xa Fin)							

MAIL-TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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