



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 001661594		2. Exact name of the Corporation 178 ATWELLS AVENUE ENTERPRISES, INC.			
3. Principal Office Address 178 ATWELLS AVENUE		City PROVIDENCE		State RI	Zip 02909
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island TO OPERATE AND MANAGE A CIGAR LOUNGE, RESTAURANT AND RELATED SERVICES (RETAIL)			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY C. MEROLA II		Vice-President Name ANTHONY C. MEROLA II			
Street Address 178 ATWELLS AVENUE		Street Address 178 ATWELLS AVENUE			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name CARLO J. MEROLA		Treasurer Name ANTHONY C. MEROLA II			
Street Address 178 ATWELLS AVENUE		Street Address 178 ATWELLS AVENUE			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE		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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200	COMMON	NONE	
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 ANTHONY C. MEROLA II					Date 2.3.2025
Signature of Authorized Representative <i>Anthony C. Merola II</i>					

FILED

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

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