

State of Rhode Island

Department of State - Business Services Division

Annual Report for	the year:	2025
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Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

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→ Penalty:	Additional \$25	.vu tee	it torm is	not med	Dy Ivid	ıyı.

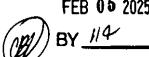
→ Penalty: Additional \$25.00	iee it torm is no	tilled by May 31.						
Entity ID Number	2. Exact name of the Corporation 178 ATWELLS AVENUE ENTERPRISES, INC.							
001661594	178 ATV	VELLS AVEN	IUE ENI	rerprises,	INC.			
				<u> </u>		T7:-		
3. Principal Office Address			City		State	Zip		
178 ATWELLS AVENUE	NUE		PROVI	DENCE	RI	02909		
4. NAICS Code	Brief descri	ption of the characte	er of business	s conducted in Rhod	e Island	ANT AND		
722513	TO OPER	RATE AND MAI	NAGE A C	CIGAR LOUNG	E, RESTAUR	ANT AND		
		SERVICES (F						
5. State of Incorporation	1		,					
RI						ĭ		
	<u> </u>			<u> </u>	ttu Sinaan a	- attachment []		
List ALL officers (names and ad			T		e box to indicate a			
President Name ANTHONY C. MEROLA II			Vice-Presid	Vice-President Name ANTHONY C. MEROLA II				
7.1111.0111.01		<u> </u>						
Street Address 178 ATWELLS	AVENUE		Street Addr	ess 178 ATWEL	LS AVENUE			
170 ATVICES	AVENUE							
City DDOVIDENCE	State RI	^{Zıp} 02909	City DDC	VIDENCE	State RI	Zip 02909		
City PROVIDENCE	l Ki	02909	FRC	VIDENCE		02909		
Secretary Name			Treasurer N	Name ANTHONY	C MEROLA	11		
Secretary Name CARLO J. ME	ROLA			ANTHON	C. WILKOLA	"]		
			Street Addr	Street Address 470 ATTAILLO AVENUE				
Street Address 178 ATWELLS	S AVENUE			Street Address 178 ATWELLS AVENUE				
		Zip	City		State RI	Zio		
^{City} PROVIDENCE	State RI	^{Zip} 02909	PRC	OVIDENCE	lam Ki	^Z 02909		
				Chack th	e box to indicate a	n attachment 🖂		
List ALL directors (names and a	addresses)		Director Na		e bux to indicate a	in accomment		
Director Name NONE			Director Na	me		1		
			C) A 444					
Street Address			Street Addr	ess				
					Total-	Zip		
City	State	Zip	City		State	²¹⁹		
Director Name			Director Na	ame				
			i					
Street Address			Street Add	ress				
City	State	Zip	City	<u> </u>	State	Zip		
,	ł				i			
9. Shares Authorized		10. Shares Issu	ued	Check th	ne box to indicate	an attachment 🔲		
This information is currently of rec	ord in the	NUMBER OF	SHARLS	CLASS/S	LRIES	PAR VALUE		
Department of State.		200		COMMON	l NC	NE		
				0011111011				
Changes require an additional filing	g.							
11. This report must be executed	on behalf of the	corporation by an a	iuthorized rep	presentative. If the co	orporation is in the	hands of a re-		
cover 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 statem	ents contained	herein a <u>re</u> true an	<u>d correct.</u>					
Name of Authorized Representat	ive				Date	2128		
ANTHONY C. MEROLA	II				2'	3.2025		
Signature of Authorized Represe	ntative /							
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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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