



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.

FIELD

STAMP

FEB 18 2025

BY 8901

1. Entity ID Number 1666538		2. Exact name of the Corporation VMTCS GROUP, INC.			
3. Principal Office Address 214 Columbus Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RESTAURANT BUSINESS, MEETING FACILITY, CONDUCT BUSINESS BANQUETS, AND PROVIDE ENTERTAINMENT			
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 VICTOR C. SANTOS			Vice-President Name N/A		
Street Address 19 Derby Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name VICTOR C. SANTOS			Treasurer Name VICTOR C. SANTOS		
Street Address 19 Derby Street			Street Address 19 Derby Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name VICTOR C. SANTOS			Director Name		
Street Address 19 Derby Street			Street Address		
City Pawtucket	State RI	Zip 02860	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		
			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 VICTOR C. SANTOS, PRESIDENT				Date February 18, 2025	
Signature of Authorized Representative <i>Victor C. Santos</i>				2-18-25	

MAIL TO:

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