



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
Corporation

FILED

MAR 31 2025

BY

JRM/ga

- 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 <b>42431</b>		2. Exact name of the Corporation <b>Capital Billiards, Ltd.</b>			
3. Principal Office Address <b>2024-2026 Smith Street</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code <b>451100</b>		6. Brief description of the character of business conducted in Rhode Island <b>To Sell. Lease Sporting Goods of All Kinds, Type and Descriptions</b>			
5. State of Incorporation <b>RT</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Anthony Costanzo III</b>			Vice-President Name <b>Anthony Costanzo III</b>		
Street Address <b>2024-2026 Smith Street</b>			Street Address <b>2024-2026 Smith Street</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			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			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>200</b>	<b>Common</b>	<b>No Par</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Anthony Costanzo, III</b>					Date <b>3/25/25</b>
Signature of Authorized Representative <i>Anthony Costanzo III</i> President					

MAIL TO:  
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