



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.

FILED

APR 25 2025

BY *[Signature]*

1. Entity ID Number 35556		2. Exact name of the Corporation Alley Katz, Inc.			
3. Principal Office Address 116 Granite Street			City Westerly	State RI	Zip 02891
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Bowling Alley, Snack Bar and Lounge			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name D. Wood Foss			Vice-President Name Joseph Transue		
Street Address 16 Bradford Ave.			Street Address 116 Granite St.		
City Newport	State RI	Zip 02840	City Westerly	State RI	Zip 02891
Secretary Name Kathleen Foss			Treasurer Name Kathleen Foss		
Street Address 16 Bradford Ave.			Street Address 16 Bradford Ave.		
City Newport	State RI	Zip 2840	City Newport	State RI	Zip 2840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name D. Wood Foss			Director Name Kathleen Foss		
Street Address 16 Bradford Ave			Street Address 16 Bradford Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Joseph Transue			Director Name		
Street Address 116 Granite St.			Street Address		
City Westerly	State RI	Zip 02891	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		C. ASS/SERIES	PAR VALUE
		1000	CNP	\$0.0	
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 D. Wood Foss				Date 4/22/25	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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