



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.

REC'D RI SOS BSD
25 OCT 9 PM 12:37:24

STAMP

1. Entity ID Number <u>000072279</u>		2. Exact name of the Corporation <u>VICS TAP INC</u>			
3. Principal Office Address <u>622 UNION AVE</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
4. NAICS Code <u>722410</u>		6. Brief description of the character of business conducted in Rhode Island <u>tapem retail bar serving beer</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Peter Troino</u>			Vice-President Name <u>SAME</u>		
Street Address <u>622 UNION AVE</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City	State	Zip
Secretary Name <u>SAME</u>			Treasurer Name <u>SAME</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			2000		CNP
					PAR VALUE
					NAV
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. <u>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.</u>					
Name of Authorized Representative <u>Peter Troino</u>			FILED	Date <u>10/7/25</u>	
Signature of Authorized Representative <u>Peter Troino</u>			OCT - 9 2025		

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

BY

PCPATA
1240