STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation			
21095	**Portugalia Liquor Co.**			
3. Principal office address **225 Barton Street**		City **Pawtucket**	State **RI**	Zip **02860**
4. Business Phone No. **401-726-3360**		5. State of Incorporation **RI**		
6. Brief description of the character of business conducted in Rhode Island **Retail sales - liquor store**				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name **Olympio A. Menezes**			Vice-President Name **Maria C. Relhas**		
Street Address **1402 Old Louisquisset Pike**			Street Address **1402 Old Louisquisset Pike**		
City **Lincoln**	State **RI**	Zip **02865**	City **Lincoln**	State **RI**	Zip **02865**
Secretary Name **Same As Above**			Treasurer Name **Same As Above**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name **Olympio A. Menezes**			Director Name		
Street Address **Same as above**			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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par Val

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.

FILED
FEB 19 2014

File Date:
Check No.:
By:
FOR SECRETARY OF STATE USE ONLY

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.

Olympio A. Menezes 2-17-14
Signature of Authorized Representative — Date

Olympio A. Menezes
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012