



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 **2015**

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. 539902		2. Exact name of the Corporation NEW WAY LIQUORS INC.			
3. Principal office address 598 ELMWOOD AVE		City PROVIDENCE	State RI	Zip 02907	
4. Business Phone No. 401-270-7999		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A LIQUOR STORE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RAMON MOREL			Vice-President Name JUAN FERNADEZ		
Street Address 101 LEXINGTON AVE			Street Address 74 COWESETT AVE		
City PROVIDENCE	State RI	Zip 02907	City WEST WARWICK	State RI	Zip 02893
Secretary Name RAMON MOREL			Treasurer Name JUAN FERNANDEZ		
Street Address 101 LEXINGTON AVE			Street Address 74 COWESETT AVE		
City PROVIDENCE	State RI	Zip 02907	City WEST WARWICK	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	COMMON	NO PAR VALUE

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

Ramon Morel
Signature of Authorized Representative

02/10/2015

Date

RAMON MOREL

Print or Type Name of Authorized Representative

FILED
FEB 17 2015
By *242443*
A.A.

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CORPORATIONS DIV
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