



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. 123117		2. Exact name of the Corporation LAKEWOOD LIQUORS, INC.			
3. Principal office address 774 WARWICK AVENUE		City WARWICK	State RI	Zip 02888	
4. Business Phone No. (401) 781-8824		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RETAIL AND WHOLESALE LIQUOR STORE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name CARLOS D'ARRUDA			Vice-President Name MARIA F. BARAO		
Street Address 52 MILBURN ROAD			Street Address 52 MILBURN ROAD		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name MARIA F. BARAO			Treasurer Name CARLOS D'ARRUDA		
Street Address 52 MILBURN ROAD			Street Address 52 MILBURN ROAD		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name CARLOS D'ARRUDA			Director Name MARIA F. BARAO		
Street Address 52 MILBURN ROAD			Street Address 52 MILBURN ROAD		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Director Name NONE			Director Name NONE		
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	
100 SHARES		COMMON		NO PAR	

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
CHECK NO.
BY
FOR SECRETARY OF STATE USE ONLY

FILED

MAY 14 2015

By **248969**
A.A.

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.

Maria F. Barao
Signature of Authorized Representative

01/12/2015

Date

MARIA F. BARAO

Print or Type Name of Authorized Representative

PAID
Per #1539