State		and Providence P Secretary of State		No F	
	Division Of	<b>Business Services</b>			
		River Street			
		e RI 02904-2615			
HOPE	(401)	) 222-3040			
Business Corporation					
Annual Report - Amendeo			N		
Section 7-1.2-1501(e) of the Ger			·	office	
ANNUAL REPORT YEAR: 201					
	94354				
2. Name of Corporation RP					
3. Street Address Principal Bu					
-					
	RAL SPRING AVE OVIDENCE		Zip: <u>02904</u> Cou	intry: <u>USA</u>	
4. Business Phone No.					
<u>4012313050</u>					
5. State of Incorporation					
State: <u>RI</u>					
6. Brief Description of the Cha	aracter of Business C	Conducted in Rhode Is	sland		
LIQUOR STORE					
7. Names and Addresses of th	ne Officers and Direct	ors:			
All officers and directors m Incorporator is no longer a			nave been elected	, the title	
Title	Individual Na	me	Address		
	First, Middle, Last, S	Suffix Address, Cit	Address, City or Town, State, Zip Code, Country		
PRESIDENT	RINESH PATEL		30 ESKER LANE		
		ATT	LEBORO, MA 02703 L	ISA	
8. Shares Authorized and Issu	ued				
				Totel Isau	
Class of Stock	Series of Stock	Par Value Per Share		Total Issued and	
			Total Authorized Shares	Outstanding	
			Number of Shares	Num of Shares	

CNP	\$0.0000	100.00	100

9. 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.

**Signed this 11 Day of January, 2016 at 1:23:36 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

By <u>RINESH PATEL</u>

Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

## I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

## and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

