



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 2016

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. 000066910		2. Exact name of the Corporation HOUSE OF LIQUORS, INC.			
3. Principal office address 549 QUAKER LANE		City WEST WARWICK	State RI	Zip 02893	
4. Business Phone No. 401-615-7055		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island LIQUOR STORE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ALI AMIRSADRI			Vice-President Name MARYAM HABIBIAN NAEINI		
Street Address 549 QUAKER LANE			Street Address 549 QUAKER LANE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name SHEILA NAIINI			Treasurer Name AMIR AMIRSADRI		
Street Address 549 QUAKER LANE			Street Address 549 QUAKER LANE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ALI AMIRSADRI			Director Name AMIR AMIRSADRI		
Street Address 549 QUAKER LANE			Street Address 549 QUAKER LANE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Director Name SHEILA NAIINI			Director Name MARYAM HABIBIAN NAEINI		
Street Address 549 QUAKER LANE			Street Address 549 QUAKER LANE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
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
			1000	CNP	0.00

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

FILED

JAN 25 2016

BY

3912

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.

Signature of Authorized Representative _____

Date

1/20/2016

MARYAM HABIBIAN NAEINI

Print or Type Name of Authorized Representative