



**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. 12904		2. Exact name of the Corporation Mt. Hope Liquors Inc		
3. Principal office address 678 Hope Street		City Bristol	State RI	Zip 02809
4. Business Phone No. 401 253 2291		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Sale of beer wine + liquor				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Jose C Teixeira		Vice-President Name Dolores A. Teixeira		
Street Address 2 Dolly Drive		Street Address 2 Dolly Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI
Secretary Name Dolores A. Teixeira		Treasurer Name Jose C Teixeira		
Street Address Same		Street Address Same		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Jose C Teixeira		Director Name Dolores A Teixeira		
Street Address 2 Dolly Drive		Street Address 2 Dolly Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		2,000	Comm	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

**FILED**

FEB 03 2016

BY

3916

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.

Dolores A Teixeira  
Signature of Authorized Representative

1/12/16  
Date

V. Peters / Secretary  
Print or Type Name of Authorized Representative