



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. 118478		2. Exact name of the Corporation G & S LIQUORS, INC.			
3. Principal office address 2951 Hartford Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-937-1800			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RETAIL LIQUOR STORE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GABY J. DAIAA			Vice-President Name SALIBA SALIBA		
Street Address 7 Jessica Court			Street Address 10 Quaker Road		
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919
Secretary Name SALIBA SALIBA			Treasurer Name GABY J. DAIAA		
Street Address 10 Quaker Road			Street Address 7 Jessica Court		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SALIBA SALIBA			Director Name GABY J. DAIAA		
Street Address 10 Quaker Road			Street Address 7 Jessica Court		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02920
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
			500	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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 2-1-16

Print or Type Name of Authorized Representative **SALIBA SALIBA**

FILED
FEB 04 2016
 BY KL 9582