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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.	2. Exact name of the Corporation
125392	W.T.T. LIQUORS, INC.

3. Principal office address	City	State	Zip
373 NORTH MAIN STREET	WOONSOCKET	RI	02895

4. Business Phone No.	5. State of Incorporation
401-766-9333	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
OPERATION OF LIQUOR STORE

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
WILL TANG	TOLA TANG
Street Address: 373 NORTH MAIN STREET	Street Address: 373 NORTH MAIN STREET
City: WOONSOCKET, State: RI, Zip: 02895	City: WOONSOCKET, State: RI, Zip: 02895
Secretary Name: WILL TANG	Treasurer Name: WILL TANG
Street Address: 373 NORTH MAIN STREET	Street Address: 373 NORTH MAIN STREET
City: WOONSOCKET, State: RI, Zip: 02895	City: WOONSOCKET, State: RI, Zip: 02895

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
WILL TANG	TOLA TANG
Street Address: 373 NORTH MAIN STREET	Street Address: 373 NORTH MAIN STREET
City: WOONSOCKET, State: RI, Zip: 02895	City: WOONSOCKET, State: RI, Zip: 02895
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	200	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.

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: 2-9-16

WILL TANG
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No:
By:

FILED
FEB 11 2016
BY KL 73911

Form No. 630
Revised: 01/2012

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