



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. 23179		2. Exact name of the Corporation THE LIQUOR SHOPPE, INC.		
3. Principal office address 155 Broad Street		City Pawtucket	State R. I.	Zip 02860
4. Business Phone No. 401-723-2337		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Retail				
7. PRESIDENT (NAME AND ADDRESS) ("X" BOX FOR ATTACHMENT)				
President Name Domenic T. Ferri, Jr.		Vice-President Name Elaine Ferri		
Street Address 35 Betty Pond Road		Street Address 1 Deer Run		
City Scituate	State R. I.	Zip 02831	City Scituate	State R. I.
Secretary Name Elaine Ferri		Treasurer Name Domenic T. Ferri, Jr.		
Street Address 1 Deer Run		Street Address 35 Betty Pond Road		
City Scituate	State R. I.	Zip 02831	City Scituate	State R. I.
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
Director Name Domenic T. Ferri, Jr.		Director Name Elaine Ferri		
Street Address 35 Betty Pond Road		Street Address 1 Deer Run		
City Scituate	State R. I.	Zip 02831	City Scituate	State R. I.
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES ("X" BOX FOR ATTACHMENT)				
2000 NO PAR VALUE		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.		2000	COM MON	WITHOUT

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.

FILED

FEB 25 2016

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.

Domenic Ferri, Jr., Pres
Signature of Authorized Representative

Date

Domenic Ferri, Jr.
Print or Type Name of Authorized Representative