



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 539902		2. Exact name of the Corporation New Way Liquors Inc.	
3. Principal office address 598 Elmwood Avenue		City Providence	State RI
		Zip 02907	
4. Business Phone No. 401-270-7979		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island To own and operate a liquor store			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Ramon Morel		Vice-President Name Ramon Morel	
Street Address 34 Ansel Avenue		Street Address 34 Ansel Avenue	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name Ramon Morel		Treasurer Name Ramon Morel	
Street Address 34 Ansel Avenue		Street Address 34 Ansel Avenue	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name N/A Close Corporation		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		300	common
		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

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.

FILED

FEB 25 2016

Ramon Morel
Signature of Authorized Representative
Ramon Morel President

2/24/2016

Date

Print or Type Name of Authorized Representative

By 268632

ICM