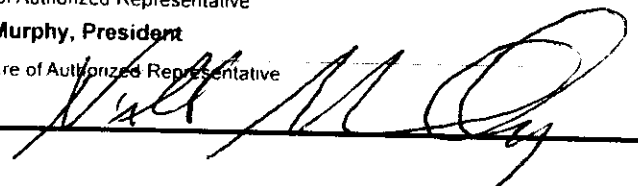


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 35560		2. Exact name of the Corporation Nocera's Liquor Store	
3. Principal Office Address 969 Smith Street		City Providence	State RI
		Zip 02908	
4. Business Phone Number (401) 421-8767		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island			
President Name Niall Murphy		Vice-President Name Frank E. Williams	
Street Address 252 Jastram Street		Street Address 83 Douglas Pike	
City Providence	State RI	City North Smithfield	State RI
	Zip 02908		Zip 02896
Secretary Name Frank E. Williams		Treasurer Name Frank E. Williams	
Street Address 83 Douglas Pike		Street Address 83 Douglas Pike	
City North Smithfield	State RI	City North Smithfield	State RI
	Zip 02896		Zip 02896
8. List ALL directors (names and addresses)			
Director Name Frank E. Williams		Check the box to indicate an attachment ☐	
Street Address 83 Douglas Pike		Street Address	
City North Smithfield	State RI	City	State
	Zip 02896		Zip
9. Shares Authorized		10. Shares Issued	
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐	
Changes require an additional filing.		NUMBER OF SHARES 80	CLASSIFICATION Common
			PAR VALUE No Par
11. 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.			
Name of Authorized Representative Niall Murphy, President		Date June 16, 2016	
Signature of Authorized Representative 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED 

JUN 22 2016

BY 11712

FORM 607-1 (Rev. 10-15-14)