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	2. Exact name of the Corporation		
35560	Nocera's Liquor Store		
3. Principal Office Address	City	State	Zip
969 Smith Street	Providence	RI	02908
4. Business Phone Number	5. State of Incorporation		
(401) 421-8767	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 Zip: 02908	City: North Smithfield State: RI 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 Zip: 02896	City: North Smithfield State: RI Zip: 02896

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Frank E. Williams	Director Name:
Street Address: 83 Douglas Pike	Street Address:
City: North Smithfield State: RI Zip: 02896	City: State: Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	80	Common	No Par
Changes require an additional filing.			

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**

Signature of Authorized Representative:

Date: June 16, 2016

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 1712

FORM B-7 Revised 05/2015