



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

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FILED  
SECRETARY OF STATE  
CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

2016 JUL -5 AM 9:05

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <b>000016009</b>		2. Exact name of the Corporation <b>Haxton Toll Gate Liquor, Inc.</b>					
3. Principal Office Address <b>1123 Bald Hill Road</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>			
4. Business Phone Number <b>4018283000</b>		5. State of Incorporation <b>RI</b>					
6. Brief description of the character of business conducted in Rhode Island <b>Retail Liquor Store</b>							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>Robert J. Haxton</b>		Vice-President Name <b>Timothy P. Haxton</b>					
Street Address <b>483 Bittersweet Farm Way</b>		Street Address <b>58 Grande Brook Circle</b>					
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>		
Secretary Name <b>Robert J. Haxton</b>		Treasurer Name <b>Timothy P. Haxton</b>					
Street Address <b>483 Bittersweet Farm Way</b>		Street Address <b>58 Grande Brook Circle</b>					
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. Shares Authorized					10. Shares Issued <span style="float: right;">Check box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.					NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
					<b>100</b>		<b>0.00</b>
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. <i>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.</i>							
Name of Authorized Representative <b>Robert J. Haxton</b>					Date <b>6/26/16</b>		
Signature of Authorized Representative <i>Robert J. Haxton</i>					SIGN DOCUMENT HERE		

FILED

JUL 05 2016

BY CU 278227