



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Fictitious Business Name Statement**

(Section 7-1.2-402 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant business corporation is: Centerville Liquors, Inc

SECTION II

The fictitious business name to be used is: Centerville Liquors

SECTION III

The state or territory under the laws of which it is incorporated is
State: RI Country: USA

SECTION IV

The date of incorporation is 06/30/2004

SECTION V

The address of its registered office within Rhode Island is:

No. and Street: 600 WASHINGTON STREET
City or Town: COVENTRY State: RI Zip: 02816
Name: ANTHONY R. RAY, JR.

SECTION VI

The business in which it is engaged
TO OPERATE A LIQUOR STORE

SECTION VII

Applicant is otherwise authorized to do business in the state of Rhode Island.

Signed this 15 Day of August, 2016 at 1:47:57 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

Centerville Liquors, Inc

Name of Applicant Corporation

SHAWN CHINA

Signature of Authorized Officer

Form No. 624
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

