

Amended



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

Annual Report for the year: 2016

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

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BUS SVCS DIV
2016 NOV - 7 PM 12:03

1. Entity ID Number 000148420		2. Exact name of the Limited Liability Company LOPES LIQUORS, LLC			
3. NAICS Code 81 - Other Services (except <input type="checkbox"/>)		4. Brief description of the character of business conducted in Rhode Island LIQUOR STORE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 461-465 SMITH STREET			City PROVIDENCE	State RI	Zip 02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LEOCADIO R. LOPES			Contact Title PRESIDENT		
Street Address 461-465 SMITH STREET			City PROVIDENCE	State RI	Zip 02903
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name LEOCADIO R. LOPES			Manager Name ALBERTINO C. LOPES		
Street Address 123 MANOLLA AVENUE			Street Address 39 JASPER STREET		
City WARWICK	State RI	Zip 02888	City PROVIDENCE	State RI	Zip 02904
Manager Name ANTONIO R. LOPES			Manager Name		
Street Address 2 DIMARIO DRIVE			Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person LEOCADIO R. LOPES				Date 11/07/2016	
Signature of Authorized Person 					

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

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By 287958 FORM 632 - Revised: 08/2016



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

