

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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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2016 NOV - 7 PM 12:03

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

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By 287958 FORM 632 - Revised: 08/2016