



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

Annual Report for the year: 2017

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 86405		2. Exact name of the Corporation CHUM'S SPIRITS LTD			
3. Principal Office Address 444 Hill Road			City Pascoag	State RI	Zip 02859
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island the retail sale of alcoholic beverages, non-alcoholic beverages and related items				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maurice A. Pelkey			Vice-President Name Brian Pelkey		
Street Address 444 Hill Road			Street Address 456 Hill Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Maurice A. Pelkey			Treasurer Name Brian Pelkey		
Street Address 444 Hill Road			Street Address 456 Hill Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	common	no par value
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 Maurice A. Pelkey				Date 1-13-17	
Signature of Authorized Representative <i>Maurice A. Pelkey</i>					

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
JAN 17 2017
 BY 103596
 FORM 800 - Revised: 10/2016