



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

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

1. Entity ID No. 8040		2. Exact name of the Corporation MARTY'S LIQUORS, INC.						
3. Principal office address 945 NAMQUID DRIVE		City WARWICK	State RI	Zip 02888				
4. Business Phone No. 401-463-7593		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUOR STORE								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name KENNETH P. MARTINI			Vice-President Name LINDA AUGER					
Street Address 77 LANE 2			Street Address 66 NEW LEXINGTON ROAD					
City WARWICK	State RI	Zip 02888	City NORTH KINGSTOWN	State RI	Zip 02852			
Secretary Name KENNETH P. MARTINI			Treasurer Name STEVE MARTINI					
Street Address 77 LANE 2			Street Address 1336 WEST SHORE ROAD					
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02889			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name KENNETH P. MARTINI			Director Name LINDA AUGER					
Street Address 77 LANE 2			Street Address 66 NEW LEXINGTON ROAD					
City WARWICK	State RI	Zip 02888	City NORTH KINGSTOWN	State RI	Zip 02852			
Director Name STEVE MARTINI			Director Name					
Street Address 1336 WEST SHORE ROAD			Street Address					
City WARWICK	State RI	Zip 02889	City	State	Zip			
9. SHARES AUTHORIZED								
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						100	COMMON	NO PAR VALUE

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.

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

FILE

JAN 17 2017

BY

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.

Kenneth Martini 01/12/2017
Signature of Authorized Representative Date

KENNETH P. MARTINI
Print or Type Name of Authorized Representative