RI SOS Filing Number: 201730487860 Date: 01/19/2017 4:00 PM

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	2. Exact name of the Corporation		
12904	Mt. Hope Liquors, Inc.		
3. Principal Office Address	City	State	Zip
678 Hope Street	Bristol	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
44-45 - Retail Trade	sale of beer, wine and liquor		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jose C. Teixeira			Vice-President Name: Dolores A. Teixeira		
Street Address: 2 Dolly Drive			Street Address: 2 Dolly Drive		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Secretary Name: Dolores A. Teixeira			Treasurer Name: Jose C. Teixeira		
Street Address: 2 Dolly Drive			Street Address: 2 Dolly Drive		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Jose C. Teixeira			Director Name: Dolores A. Teixeira		
Street Address: 2 Dolly Drive			Street Address: 2 Dolly Drive		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	2,000	Comm	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: Dolores A. Teixeira

Signature of Authorized Representative: Dolores A. Teixeira

FILED
January 17, 2017
JAN 19 2017
BY 4120

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

14797-10155123

FORM 030 - Revised: 10/2016