



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 16636		2. Exact name of the Corporation Wayne Distributing Co.			
3. Principal Office Address 100 Dupont Drive		City Providence		State RI	Zip 02907
4. NAICS Code 42 - Wholesale Trade	6. Brief description of the character of business conducted in Rhode Island liquor distribution				
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 William P. Considine, Jr.		Vice-President Name William P. Considine, Jr.			
Street Address 100 Dupont Drive		Street Address see president			
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name William P. Considine, Jr.		Treasurer Name William P. Considine, Jr.			
Street Address see above		Street Address see above			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William P. Considine, Jr.		Director Name			
Street Address see above		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	PAR VALUE
		4,246	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 William P. Considine, Jr.				Date 1/16/17	
Signature of Authorized Representative 					

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 19 2017

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