



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. <u>3738</u>		2. Exact name of the Corporation <u>ALT CASALI LIQUOR INC</u>			
3. Principal office address <u>1776 B CRANSTON ST</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
4. Business Phone No. <u>943-4882</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>RETAIL LIQUOR</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>THOMAS CASALI</u>			Vice-President Name <u>MICHAEL CASALI</u>		
Street Address <u>33 PHENEX RIDGE</u>			Street Address <u>22 SCITUATE AVE</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02921</u>
Secretary Name <u>ALBERT CASALI JR</u>			Treasurer Name <u>ALBERT CASALI SR</u>		
Street Address <u>41 LANSDOW RD</u>			Street Address <u>66 EAST BELAIR RD</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>THOMAS CASALI</u>			Director Name		
Street Address <u>33 PHENEX RIDGE</u>			Street Address		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip
Director Name <u>ALBERT CASALI SR</u>			Director Name		
Street Address <u>66 EAST BELAIR RD</u>			Street Address		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	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
			<u>1000</u>		

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: \_\_\_\_\_

**FILED**

JAN 23 2017

BY

10305

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.

Albert Casali Sr 1/17/17  
Signature of Authorized Representative Date

ALBERT CASALI SR  
Print or Type Name of Authorized Representative