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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		
16017	**McGreen's Fine Wine & Spirits, Inc.**		
3. Principal Office Address	City	State	Zip
1086 Willett Avenue	**East Providence**	**RI**	**02915**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
44-45 - Retail Trade	**Operating a retail liquor store.**		
5. State of Incorporation			
Rhode Island			

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

President Name **Ronald E. McGreen**			Vice-President Name **None**		
Street Address **1086 Willett Avenue**			Street Address		
City **East Providence**	State **RI**	Zip **02915**	City	State	Zip
Secretary Name **Ronald E. McGreen**			Treasurer Name **Ronald E. McGreen**		
Street Address **1086 Willett Avenue**			Street Address **1086 Willett Avenue**		
City **East Providence**	State **RI**	Zip **02915**	City **East Providence**	State **RI**	Zip **02915**

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

Director Name **Ronald E. McGreen**			Director Name		
Street Address **1086 Willett Avenue**			Street Address		
City **East Providence**	State **RI**	Zip **02915**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	**Common**	**$1.00**

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	Date
Ronald E. McGreen Ronald E. McGreen Jr	2/3/17
Signature of Authorized Representative	

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

FILED
FEB 13 2017
BY 23807

FORM 630 - Revised: 10/2016