



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 <b>16017</b>		2. Exact name of the Corporation <b>McGreen's Fine Wine &amp; Spirits, Inc.</b>			
3. Principal Office Address <b>1086 Willett Avenue</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02915</b>
4. NAICS Code <b>44-45 - Retail Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>Operating a retail liquor store.</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ronald E. McGreen</b>		Vice-President Name <b>None</b>			
Street Address <b>1086 Willett Avenue</b>		Street Address			
City <b>East Providence</b>		State <b>RI</b>		Zip <b>02915</b>	
Secretary Name <b>Ronald E. McGreen</b>		Treasurer Name <b>Ronald E. McGreen</b>			
Street Address <b>1086 Willett Avenue</b>		Street Address <b>1086 Willett Avenue</b>			
City <b>East Providence</b>		State <b>RI</b>		Zip <b>02915</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Ronald E. McGreen</b>		Director Name			
Street Address <b>1086 Willett Avenue</b>		Street Address			
City <b>East Providence</b>		State <b>RI</b>		Zip <b>02915</b>	
Director Name		Director Name			
Street Address		Street Address			
City		State		Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>1000</b>	<b>Common</b>	<b>\$1.00</b>	
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 <b>Ronald E. McGreen</b> <i>Ronald E. McGreen</i>				Date <b>2/3/17</b>	
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****FEB 13 2017**

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FORM 630 - Revised: 10/2016