



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 321618		2. Exact name of the Corporation Rod and Santi, Inc.			
3. Principal Office Address 265 Barton Street		City Pawtucket		State RI	Zip 02860
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Liquor Store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alicia Lopez			Vice-President Name		
Street Address 605 Hodges Street			Street Address		
City Taunton	State MA	Zip 02780	City	State	Zip
Secretary Name Hector Lopez			Treasurer Name Alicia Lopez		
Street Address 605 Hodges Street			Street Address 605 Hodges Street		
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alicia Lopez			Director Name Hector Lopez		
Street Address 605 Hodges Street			Street Address 605 Hodges Street		
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	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 Alicia Lopez				FILED 2/10/17 FEB 13 2017	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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

BY
 FORM 630 - Revised: 02/2017