



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.

*CHK # 1929*

1. Entity ID Number <b>6298</b>		2. Exact name of the Corporation <b>Perry's Liquors, Inc.</b>			
3. Principal Office Address <b>240 Columbus Avenue</b>		City <b>Pawtucket</b>		State <b>RI</b>	Zip <b>02861</b>
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>RETAIL LIQUORS</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>John Perry</b>			Vice-President Name <b>John D. Perry</b>		
Street Address <b>65 Hunts Avenue</b>			Street Address <b>30 Homestead Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
Secretary Name <b>Rosella Perry</b>			Treasurer Name <b>John Perry</b>		
Street Address <b>65 Hunts Avenue</b>			Street Address <b>65 Hunts Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</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>John Perry</b>			Director Name <b>Rosella Perry</b>		
Street Address <b>65 Hunts Avenue</b>			Street Address <b>65 Hunts Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>25</b>		<b>COMMON</b>	<b>NO PAR</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. <b>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.</b>					
Name of Authorized Representative <b>JOHN PERRY</b>				Date <b>1/26/2017</b>	
Signature of Authorized Representative <i>John Perry</i>				<b>FILED</b> <b>FEB 15 2017</b> <b>BY 1929 DS</b>	

MAIL TO:  
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 Website: www.sos.ri.gov