



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR -9 AM 9:00

1. Entity ID Number 124610		2. Exact name of the Corporation CENTRAL LIQUORS INC	
3. Principal Office Address 930 BROAD STREET		City PROVIDENCE	State RI
		Zip 02907	
4. NAICS Code 44-45	6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUOR STORE		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JUANNA NUNEZ		Vice-President Name FREDDY NUNEZ	
Street Address 188 CAROLYN STREET		Street Address 251 ALABAMA AVENUE	
City WARWICK	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02907	
Secretary Name JUANNA NUNEZ		Treasurer Name FREDDY NUNEZ	
Street Address 188 CAROLYN STREET		Street Address 251 ALABAMA AVENUE	
City WARWICK	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02907	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		100	Common
			0
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 CATHLEEN RICCI		Date 03-09-17	
Signature of Authorized Representative Cathleen Ricci			

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MAR 09 2017

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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

By

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A.A.