



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 1355528		2. Exact name of the Corporation The Wine & Liquor Company, Inc.			
3. Principal Office Address 17 Watercress Court			City Coventry	State RI	Zip 02816
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Operating a 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 Matthew Reay			Vice-President Name None		
Street Address 17 Watercress Court			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Matthew Reay			Treasurer Name Matthew Reay		
Street Address 17 Watercress Court			Street Address 17 Watercress Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$.01 per share
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 Matthew Reay					Date 2/14/2017
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**MAR 13 2017****BY****23899 DS**

FORM 630 - Revised: 10/2016