



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 103517		2. Exact name of the Corporation L & B BEVERAGE, INC.			
3. Principal Office Address 227A NORTH BROW STREET			City E. PROVIDENCE	State RI	Zip 02903
4. NAICS Code 42		6. Brief description of the character of business conducted in Rhode Island WHOLESALE LIQUOR BUSINESS			
5. State of Incorporation (401) 434-9991					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LUIS F. OLIVEIRA			Vice-President Name MARY B. OLIVEIRA		
Street Address 100 HOWARD STREET			Street Address 100 HOWARD STREET		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
Secretary Name LUIS F. OLIVEIRA			Treasurer Name LUIS F. OLIVEIRA		
Street Address 100 HOWARD STREET			Street Address 100 HOWARD STREET		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LUIS F. OLIVEIRA			Director Name MARY B. OLIVEIRA		
Street Address 100 HOWARD STREET			Street Address 100 HOWARD STREET		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			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 LUIS F. OLIVEIRA				Date 03/15/2017	
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

SIGN DOCUMENT HERE

FILED

MAR 20 2017

BY

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