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	2. Exact name of the Corporation			
103517	L & B BEVERAGE, INC.			
3. Principal Office Address		City	State	Zip
227A NORTH BROW STREET		E. PROVIDENCE	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
42	WHOLESALE LIQUOR BUSINESS			
5. State of Incorporation				
(401) 434-9991				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
LUIS F. OLIVEIRA			MARY B. OLIVEIRA		
Street Address			Street Address		
100 HOWARD STREET			100 HOWARD STREET		
City	State	Zip	City	State	Zip
FALL RIVER	MA	02721	FALL RIVER	MA	02721
Secretary Name			Treasurer Name		
LUIS F. OLIVEIRA			LUIS F. OLIVEIRA		
Street Address			Street Address		
100 HOWARD STREET			100 HOWARD STREET		
City	State	Zip	City	State	Zip
FALL RIVER	MA	02721	FALL RIVER	MA	02721

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
LUIS F. OLIVEIRA			MARY B. OLIVEIRA		
Street Address			Street Address		
100 HOWARD STREET			100 HOWARD STREET		
City	State	Zip	City	State	Zip
FALL RIVER	MA	02721	FALL RIVER	MA	02721
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 ☐

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	Date
LUIS F. OLIVEIRA	03/15/2017

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
MAR 20 2017
BY 123705

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

FORM 630 - Revised: 02/2017