



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:  
Corporation2017

→ 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 <b>901374</b>		2. Exact name of the Corporation <b>FAULTLESS COUTAILS INC.</b>			
3. Principal Office Address <b>200 EXCHANGE ST #712</b>			City <b>PROV</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island <b>FOOD &amp; BEVERAGE</b>			
5. State of Incorporation					
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>JORDAN BOSLEGIO</b>			Vice-President Name		
Street Address <b>200 EXCHANGE ST #712</b>			Street Address		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>JORDAN BOSLEGIO</b>			Director Name		
Street Address <b>200 EXCHANGE ST #712</b>			Street Address		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
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 <b>6</b>		CLASS/SERIES	PAR VALUE <b>0.01</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>JORDAN BOSLEGIO</b>				Date <b>5/2/17</b>	
Signature of Authorized Representative 				<b>FILED</b> SIGN DOCUMENT HERE <b>MAY 18 2017</b>	

## 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 **303966****A.A. 11:03 A.M.**