



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
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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RI DEPARTMENT OF STATE
 2017 JUN -7 AM 11:53

1. Entity ID Number 000039461		2. Exact name of the Corporation VIOLA'S LIQUOR STORE, INC.			
3. Principal Office Address 219 WOOD ST.		City BRISTOL	State R.I.	Zip 02809	
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island TO SELL LIQUOR, BEER AND WINE TO GENERAL PUBLIC			
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 HELDERBERTO S. MOITOSO			Vice-President Name CIDALIA MOITOSO		
Street Address 5 FREEBORNS ROAD			Street Address 5 FREEBORNS ROAD		
City BRISTOL	State R.I.	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 600		10. Shares Issued 600		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			
		600		COMMON	
				NDA PAR 25246	
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 HELDERBERTO S. MOITOSO					Date 6/7/2017
Signature of Authorized Representative <i>Helderberto S. Moitoso</i>					FILED c
SIGN DOCUMENT HERE					

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

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BY CU 305452 FORM 630 - Revised: 02/2017