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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

R.I. DEPT. OF S BUS SVCS

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhote Island 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership bereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

New Newport Liquor LLC The fictitious business name to be used is Point Wine & Spirits The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island The date of incorporation, organization or formation is April 12, 2017 If a business corporation, the address of its registered office within Rhode Island is Irrames St. Newport RI If a business corporation, the business in which it is engaged Package Store Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information containe herein is true and correct. New Newport Liquour LLC	-	
The state or territory under the laws of which it is incorporated, organized or formed is April 12, 2017 If a business corporation, the address of its registered office within Rhode Island is If a business corporation, the business in which it is engaged Package Store Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information containe herein is true and correct. New Newport Liquour LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnerships By Signature of Authorized Officer of the Corporation By Signature of Authorized Person for the Limited Liability Company Output Divine Company		ess corporation, limited liability company or limited partnership is:
If a business corporation, the address of its registered office within Rhode Island is If a business corporation, the address of its registered office within Rhode Island is If a business corporation, the business in which it is engaged Package Store If a business corporation, the business in which it is engaged Under penalty of perjury, I declare that the information containe herein is true and correct. New Newport Liquour LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership JUN 12 2017 By Signature of Authorized Officer of the Corporation Signature of Authorized Person for the Limited Liability Company Corporation Authorized Company Corporation Authorized Person for the Limited Liability Company	2. The fictitious business name to be used	d is Point Wine & Spirits
If a business corporation, the address of its registered office within Rhode Island is If a business corporation, the business in which it is engaged Package Store	3. The state or territory under the laws of	which it is incorporated, organized or formed is Rhode Island
If a business corporation, the business in which it is engaged Package Store Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information containe herein is true and correct. New Newport Liquour LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnerships By Signature of Authorized Officer of the Corporation By Signature of Authorized Person for the Limited Liability Company Corporation By Signature of Authorized Person for the Limited Liability Company	. The date of incorporation, organization	or formation is April 12, 2017
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Under penalty of perjury, I declare that the information contained herein is true and correct. New Newport Liquour LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Authorized Officer of the Corporation JUN 12 2017 By Signature of Authorized Person for the Limited Liability Company Corporation New Newport Liquour LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership Signature of Authorized Person for the Limited Liability Company Corporation New Newport Liquour LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership Signature of Authorized Person for the Limited Liability Company Corporation of Authorized Person for the Limited Liability Company On the Limited Liability Company New Newport Liquour LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership Signature of Authorized Person for the Limited Liability Company On the Limited Liability Company	. If a business corporation, the business	in which it is engaged Package Store
New Newport Liquour LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Authorized Officer of the Corporation By Signature of Authorized Person for the Limited Liability Company Company Company Signature of Authorized Person for the Limited Liability Company	. Applicant is otherwise authorized to do	Under penalty of perjury, I declare that the information containe
Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Authorized Officer of the Corporation By Signature of Authorized Person for the Limited Liability Company Company Signature of Authorized Person for the Limited Liability Company Company Signature of Authorized Person for the Limited Liability Company Signature of Authorized Person for the Limited Liability Company	6/8/2047	
BY Signature of Authorized Person for the Limited Liability Company Or H. 11: 32 D. A. I. S. Or D. II. S. Or	eate: 6/6/2017	Name of Applicant Corporation, Limited Liability Company or Limited Partnership
By Signature of Authorized Person for the Limited Liability Company	FILED	BySignature of Authorized Officer of the Corporation
Signature of Authorized Person for the Limited Liability Company Company On the Limited Liability Company	JUN 1 2 2017	
11/17/ 11.32/14:AS		Signature of Authorized Person for the Limited Liability Company
Signature of Authorized Person for the Limited Partnership	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Form No. 624 Revised: 12/05 RI SOS Filing Number: 201745325380 Date: 6/12/2017 11:32:00 AM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

June 12, 2017 11:32 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

