



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 BUS SVCS DIV
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1. Entity ID Number 30445		2. Exact name of the Corporation RHODE ISLAND LIQUOR STORES ASSOCIATION	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Uniting all people engaged in the retail sales of bottled liquors for their mutual benefits and protection, and to promote, suggest and aid in the enactment of legislation beneficial to said liquor store business	
4. NAICS Code 813910 - Business Associati			
6. Principal Office Address One Grove Avenue		City East Providence	State RI
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John Saccoccia		Vice-President Name David Champagne	
Street Address 1005 Mineral Spring Avenue		Street Address 15 East Main Road	
City North Providence	State RI	City Middletown	State RI
Zip 02904		Zip 02842	
Secretary Name Frank Botelho		Treasurer Name Frank P. Fede	
Street Address 15 East Main Road		Street Address 6900 Post Road	
City Middletown	State RI	City North Kingstown	State RI
Zip 02842		Zip 02852	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Frank Botelho		Director Name John Saccoccia	
Street Address 15 East Main Road		Street Address 1005 Mineral Spring Avenue	
City Middletown	State RI	City North Providence	State RI
Zip 02842		Zip 02904	
Director Name Frank P. Fede		Director Name David Champagne	
Street Address 6900 Post Road		Street Address 15 East Main Road	
City North Kingtown	State RI	City Middletown	State RI
Zip 02852		Zip 02842	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <i>Frank P. Fede</i>			Date <i>6/21/2017</i>
Signature of Officer/Authorized Representative <i>Frank P. Fede</i>			

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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