



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

Annual Report for the year: 2017
Corporation

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 BUS SVCS DIV

2017 OCT -4 PM 1:50

- 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 539902		2. Exact name of the Corporation New Way Liquors, Inc.			
3. Principal Office Address 598 Elmwood Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island To own and operate a liquor store			
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 Ramon Morel			Vice-President Name Ramon Morel		
Street Address 34 Ansel Avenue			Street Address 34 Ansel Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Ramon Morel			Treasurer Name Ramon Morel		
Street Address 34 Ansel Avenue			Street Address 34 Ansel Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A Close Corporation			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			10. Shares Issued 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		PAR VALUE
			300	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 Ramon Morel					Date 10-4-17
Signature of Authorized Representative					

STATE DOCUMENT FILING **FILED**

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

OCT 04 2017
 BY CU 314088 FORM 630 - Revised: 08/2017