



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

STAMP

FORM
 SECRETARY OF STATE
 USE ONLY

Annual Report for the year: 2017
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 148526		2. Exact name of the Limited Liability Company A&L LIQUORS, LLC			
3. NAICS Code 445310		4. Brief description of the character of business conducted in Rhode Island LIQUOR STORE			
5. State of Formation RI					
6. Principal Office Address 253 PUTNAM PIKE			City SMITHFIELD	State RI	Zip 02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name NORBERTO ALVARADO II			Contact Title MEMBER		
Street Address 149 MOUNTAINDALE ROAD			City SMITHFIELD	State RI	Zip 02917
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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>					
Name of Authorized Person NORBERTO ALVARADO II				Date 10-18-17	
Signature of Authorized Person 				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

FILED
OCT 19 2017
 BY **S321 OS**