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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

R.I. DEPT. OF STATEAMP BUS SVCS DIV

Annual Report for the year: 2017 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00						
> Penalty: Additional \$25.0	00 fee if form	is not filed by D	ecember 1.			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
506817	Lincoln Liquors, LLC					
3. NAICS Code <sub>445310</sub>	Brief description of the character of business conducted in Rhode Island Liquor Store					
5. State of Formation	_					
Rhode Island						
6. Principal Office Address			City	State	Zip	
182 Front Street			Lincoln	RI	02865	
7. Mailing Address of Limited	Liability Comp	any and Name o				
Contact Name Jamie Matos			Contact Title Member			
Street Address 182 Front Street			City Lincoln	State RI	<sup>Zip</sup> 02865	
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST N	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I of statements, and that all state	feclare and attements cont	ffirm that I have ained herein are	examined this report, include true and correct.	ding any accompanying	g schedules and	
Name of Authorized Person				Date	Date	
Jamie Matos				/0-	20-2017	

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 3 1 2017

FORM 632 - Revised: 08/2016