



Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN -5 AM 11:49

- 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 105661		2. Exact name of the Corporation Fernandez Liquors, Inc.			
3. Principal Office Address 332 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 Jose Miguel Fernandez			Vice-President Name Juan Fernandez		
Street Address 87 Highland Street			Street Address 87 Highland Street		
City Stoughton	State MA	Zip 02072	City Stoughton	State MA	Zip 02072
Secretary Name (same as above)			Treasurer Name (same as above)		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jose Miguel Fernandez			Director Name Juan Fernandez		
Street Address 87 Highland Street			Street Address 87 Highland Street		
City Stoughton	State MA	Zip 02072	City Stoughton	State MA	Zip 02072
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		CLASS/SERIES	
		NONE			
		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 Juan Fernandez				Date January 3, 2018	
Signature of Authorized Representative 				<div style="text-align: center;"> FILED <small>SIGN DOCUMENT HERE</small> JAN 05 2018 BY <u>CM</u> 321172 11:51 </div>	

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