



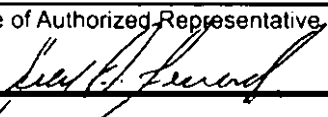
Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN -5 AM 11:49

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 Jose Miguel Fernandez		
Street Address 87 Highland Avenue			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		
			PAR VALUE		
			NONE		
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 					

SHORT DOCUMENT

FILED

JAN 05 2018

11:50

BY CW 321172