RI SOS Filing Number: 201856197090 Date: 1/16/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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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CORPORATIONS DIV

2018 JAN 16 AM 9:46

1. Entity ID Number	2. Exact name of the Corporation		
298499	Scituate Beverage, Inc.		
3. Principal Office Address	City	State	Zip
30 Hartford Pike	Scituate	RI	02857
4. NAICS Code: 445310	6. Brief description of the character of business conducted in Rhode Island: Liquor Store		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kimberly Angell			Vice-President Name: Donna Viens		
Street Address: 30 Hartford Pike			Street Address: 30 Hartford Pike		
City: Scituate	State: RI	Zip: 02857	City: Scituate	State: RI	Zip: 02857
Secretary Name: Kimberly Angell			Treasurer Name: Donna Viens		
Street Address: 30 Hartford Pike			Street Address: 30 Hartford Pike		
City: Scituate	State: RI	Zip: 02857	City: Scituate	State: RI	Zip: 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Kimberly Angell			Director Name: Donna Viens		
Street Address: 30 Hartford Pike			Street Address: 30 Hartford Pike		
City: Scituate	State: RI	Zip: 02857	City: Scituate	State: RI	Zip: 02857
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	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		Date
Kimberly Angell	Kimberly Angell	12/26/17

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED
JAN 16 2018
BY 8276

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

FORM 630 - Revised: 02/2017