



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

FILED

JAN 19 2018

BY

Annual Report for the year:  
Corporation

2018

- 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 125392		2. Exact name of the Corporation W.T.T. LIQUORS, INC.			
3. Principal Office Address 373 NORTH MAIN STREET		City WOONSOCKET		State RI	Zip 02895
4. NAICS Code 448120	6. Brief description of the character of business conducted in Rhode Island OPERATION OF LIQUOR STORE				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name WILL TANG		Vice-President Name TOLA TANG			
Street Address 373 NORTH MAIN STREET		Street Address 373 NORTH MAIN STREET			
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name WILL TANG		Treasurer Name WILL TANG			
Street Address 373 NORTH MAIN STREET		Street Address 373 NORTH MAIN STREET			
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name WILL TANG		Director Name TOLA TANG			
Street Address 373 NORTH MAIN STREET		Street Address 373 NORTH MAIN STREET			
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	COMMON	NO PAR	
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 WILL TANG				Date 1-16-18	
Signature of Authorized Representative <i>Will Tang</i>					

MAIL TO:  
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