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

STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation		
15398	Wakefield Liquors, Inc.		
3. Principal Office Address	City	State	Zip
667 Kingstown Road	Wakefield	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
445310	Retail liquor store.		
5. State of Incorporation			
Rhode Island			

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

President Name			Vice-President Name		
Jane E. Costanza			Jane E. Costanza		
Street Address			Street Address		
667 Kingstown Road			667 Kingstown Road		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879
Secretary Name			Treasurer Name		
Jane E. Costanza			Jane E. Costanza		
Street Address			Street Address		
same as above			same as above		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Jane E. Costanza					
Street Address			Street Address		
same as above					
City	State	Zip	City	State	Zip
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	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
Jane E. Costanza, President	1-23-18

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

JAN 29 2018

BY 43057

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: 10/2017