



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV.

2018 FEB -2 PM 12:12

 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.

1. Entity ID Number 814354		2. Exact name of the Corporation BPHIQUERS INC			
3. Principal Office Address 87 TRIMTOWN RD			City N. SCITUATE	State RI	Zip 02857
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island LIQUOR STORE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BENJAMIN A. PHILLIPS			Vice-President Name MARY F. PHILLIPS		
Street Address 87 TRIMTOWN RD			Street Address 87 TRIMTOWN RD		
City N. SCITUATE	State RI	Zip 02857	City N. SCITUATE	State RI	Zip 02857
Secretary Name BENJAMIN A. PHILLIPS			Treasurer Name MARY F. PHILLIPS		
Street Address 87 TRIMTOWN RD			Street Address 87 TRIMTOWN RD		
City N. SCITUATE	State RI	Zip 02857	City N. SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BENJAMIN A. PHILLIPS			Director Name MARY F. PHILLIPS		
Street Address 87 TRIMTOWN RD			Street Address 87 TRIMTOWN RD		
City N. SCITUATE	State RI	Zip 02857	City N. 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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES 2000		
			CLASS/SERIES 0.01		
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 BENJAMIN A. PHILLIPS			Date 2/2/18		
Signature of Authorized Representative <i>[Signature]</i>			SIGN DOCUMENT HERE FEB 02 2018		

 MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov
BY 323320

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