

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 FEB -2 PM 12: 12

Annual Report for the year: 2017Corporation

→ 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						
[\(\frac{14}{3} \) \(\frac{14}{3} \) \(\frac{1}{3} \)	13/610	URRS I	NC_			
Principal Office Address	2		City C	State	Zıp	
87 TRIMTOWN K	>		N. SciTVATE	. K.)	02857	
NAICS Code 6. Brief description of the character of business conducted in Rhode Island						
445310						
5. State of Incorporation	5. State of Incorporation LIGUUR TURE					
RI LIGUOR STORE						
7. List ALL officers (names and add	dresses)		·	Check the box to i	indicate an attachment	
President Name			Vice-President Name	- /)		
	LLIPS		MARY	F. FILLIA	es	
Street Address K	<i>]</i> >>		Street Address 7 7 Pm 702	us R		
City 1	State	Zip	City /	State	Zip	
N. ScITVATZ	RI	02857	NJUNATE		1 02857	
Secretary Name	?	-	Treasurer Name	0		
Street Address			Street Address			
87 TRIM NUN	Ro		87 TRIM	TOWD RD		
City / /	State /	Zip	City /	State	2ip	
N. CITUATE	/C_1	0.2857	N Jeins		I Zip 02857	
B. List ALL directors (names and additional properties of the	ddresses)		Director Name	Check the box to i	indicate an attachment	
SENTAM. 2 A PHILLIPS MARY 1-1					LIPI	
Street Address			Street Address			
87 TRIMITION				NTUWD ED	1=	
City SciTUATZ	State	Zip 0 385-7	City Corvate	State	Zip 02857	
Director Name		1 000 /	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
·		<u> </u>				
9. Shares Authorized		10. Shares Issue			ndicate an attachment	
This Information is currently of reco-	rd in the	NUMBER OF SH	HARES	CLASS/SERIES	PAR VALUE	
·		1 10	\supset . \square .		0,01	
Changes require an additional filing.						
11. This report must be executed o	n behalf of the cor	Togration by an aut	horized representative. If	the compration is in	the hands of a receiver or	
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 //						
Name of Authorized Representative Date 2/2/18						
Signature of Authorized Representative SIGN DOCUMENT HEIEB 0 2 2018						
MAIL TO:			BY JOY J	100		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

AH.12:13PIM

FORM 630 - Revised: 02/2017