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

STAMP

RECEIVED FOR SECRETARY OF STATE CORPORATIONS DIVISION 2018 FEB 23 PM 2:27

1. Entity ID Number	2. Exact name of the Corporation
16819	Wein-O-Rama, Inc.

3. Principal Office Address	City	State	Zip
1009 Oaklawn Avenue	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	Operating a restaurant.
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
George Sotirakos	Ernest Sotirakos
Street Address: 22 Azalea Drive	Street Address: 9 Falcon Lane
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921
Secretary Name: George Sotirakos	Treasurer Name: Ernest Sotirakos
Street Address: 22 Azalea Drive	Street Address: 9 Falcon Lane
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921

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

Director Name	Director Name
George Sotirakos	Ernest Sotirakos
Street Address: 22 Azalea Drive	Street Address: 9 Falcon Lane
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	300	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	Date
George M Sotirakos	2/12/18

Signature of Authorized Representative: George M Sotirakos SIGN DOCUMENT HERE

FILED
FEB 23 2018
BY KL 3950591

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