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

FOR SECRETARY OF STATE USE ONLY

RECEIVED
2018 FEB 23 P 2:28
SECRETARY OF STATE
CORPORATIONS DIV.

1. Entity ID Number	2. Exact name of the Corporation		
133387	Warwick Liquors, Inc.		
3. Principal Office Address	City	State	Zip
445 West Shore Road	Warwick	RI	02889-1355
4. NAICS Code: 445310	6. Brief description of the character of business conducted in Rhode Island: To maintain and operate a liquor store.		
5. State of Incorporation: Rhode Island			

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

President Name: Angela Vasiliadis			Vice President Name		
Street Address: 53 Bicentennial Way			Street Address		
City: North Providence	State: RI	Zip: 02911	City	State	Zip
Secretary Name: Angela Vasiliadis			Treasurer Name: Angela Vasiliadis		
Street Address: 53 Bicentennial Way			Street Address: 53 Bicentennial Way		
City: North Providence	State: RI	Zip: 02911	City: North Providence	State: RI	Zip: 02911

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

Director Name: Angela Vasiliadis			Director Name		
Street Address: 53 Bicentennial Way			Street Address		
City: North Providence	State: RI	Zip: 02911	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
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: **Angela Vasiliadis, President**

Date: 2/6/18

Signature of Authorized Representative: Angela Vasiliadis SIGN DOCUMENT HERE

FILED
FEB 23 2018
BY KL 305057

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