




State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STP -

- Filing period: January 1 - March
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 10326		2. Exact name of the Corporation 1776 LIQUORS OF BARRINGTON, INC			
3. Principal Office Address 145 MAIN STREET		City WARREN		State RI	Zip 02885
4. NAICS Code 44 5310		6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUOR STORE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name AUDREY B FIELD			Vice-President Name AUDREY B FIELD		
Street Address 5 SHEFFIELD AVE			Street Address 5 SHEFFIELD AVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name AUDREY B FIELD			Treasurer Name AUDREY B FIELD		
Street Address 5 SHEFFIELD AVE			Street Address 5 SHEFFIELD AVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name AUDREY B FIELD			Director Name		
Street Address 5 SHEFFIELD AVE			Street Address		
City BRISTOL	State RI	Zip 02809	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 <input type="checkbox"/>					
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	COMMON	0	
Changes require an additional filing.					
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 AUDREY B FIELD					Date 2/26/18
Signature of Authorized Representative 					FILED MAR 01 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

MAR 01 2018

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