

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 ee if form is not filed by April 1

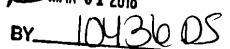
1. Entity ID Number	Entity ID Number 2. Exact name of the Corporation						
001667023		TWELFTH NIGHT SALES, INC					
3. Principal Office Address			City		State Z <sub>I</sub> p		
219 WOOD STREET			BRISTOL		RI	02809	
5. State of Incorporation RHODE ISLAND	1 1 1	ription of the charac	cter of business co	onducted in Rhode Is	sland		
7. List ALL officers (names a	nd addresses)				the box to i	ndicate an attachment 🔲	
President Name MICHAEL S I	Vice-President Name MICHAEL S BRITO JR						
Street Address 4 PRESIDENT	Street Address 7 PRESIDENT AVE						
City PROVIDENCE	State RI	<sup>Zip</sup> 02906	City PROVIDENCE		State RI	Zip 02906	
S.Icretary Name MICHAEL S BRITO JR			Treasurer Name MICHAEL S BRITO JR				
Street Address 4 PRESIDENT AVE			Street Address 7 PRESIDENT AVE				
City PROVIDENCE	State RI	<sup>Zip</sup> 02906	City PROVIDI	ENCE	State RI	<sup>Zip</sup> 02906	
3. List ALL directors (names	and addresses)		•	Check	the box to i	indicate an attachment 🗆	
Director Name MICHAEL S B	RITO JR		Director Name				
Street Address 4 PRESIDENT AVE			Street Address				
City PROVIDENCE	State RI	Zip 02906	City		State	Zip	
Director Name	I		Director Name		1		
Street Address			Street Address	<del></del>			
Sileet Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is				ndicate an attachment	
This information is currently of record in the Department of State.  Changes require an additional filing.					ASS/SFRIES PAR VALUE		
		3,000		COMMON		0	
Changes require an additional	i tiling.						
11. This report must be exec					ration is in	the hands of a receiver or	
trustee, this report must be e Under penalty of perjury, I					nanvina s	chedules and	
statements, and that all sta				iolaanig any accon	ipanying s	checoles and	
Name of Authorized Represe		·	Date				
MICHAEL S BRITO JR			2/26/18				
Signature of Authorized Rep	resentative	1100	FIL	.ED	•		

MAIL TO:

**Division of Business Services** 

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

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



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