



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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

STAMP

→ 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 <b>001667023</b>		2. Exact name of the Corporation <b>TWELFTH NIGHT SALES, INC</b>			
3. Principal Office Address <b>219 WOOD STREET</b>		City <b>BRISTOL</b>		State <b>RI</b>	Zip <b>02809</b>
4. NAICS Code <b>445310</b>		6. Brief description of the character of business conducted in Rhode Island <b>RETAIL LIQUOR STORE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MICHAEL S BRITO JR</b>		Vice-President Name <b>MICHAEL S BRITO JR</b>			
Street Address <b>4 PRESIDENT AVE</b>		Street Address <b>7 PRESIDENT AVE</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>MICHAEL S BRITO JR</b>		Treasurer Name <b>MICHAEL S BRITO JR</b>			
Street Address <b>4 PRESIDENT AVE</b>		Street Address <b>7 PRESIDENT AVE</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MICHAEL S BRITO JR</b>		Director Name			
Street Address <b>4 PRESIDENT AVE</b>		Street Address			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>3,000</b>		<b>COMMON</b>	<b>0</b>
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 <b>MICHAEL S BRITO JR</b>					Date <b>2/26/18</b>
Signature of Authorized Representative					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED  
MAR 01 2018

BY

10436 DS