



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2018
Corporation

APR 23 2018

BY

1750

- 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 000020201		2. Exact name of the Corporation O'Neil's Package Store, Inc.			
3. Principal Office Address 366 South Pier Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island 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 Martin S. O'Neil			Vice-President Name Toni I. O'Neil		
Street Address 120 Woodward Avenue			Street Address 112 Caswell Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Martin S. O'Neil			Treasurer Name Martin S. O'Neil		
Street Address 120 Woodward Avenue			Street Address 120 Woodward Avenue		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Martin S. O'Neil			Director Name Toni I. O'Neil		
Street Address 120 Woodward Avenue			Street Address 112 Caswell Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			45	Common	No Par Value
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. <i>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.</i>					
Name of Authorized Representative Toni I. O'Neil					Date 4/20/2018
Signature of Authorized Representative 					
SIGNATURE DOCUMENT HERE					

MAIL TO:
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 Website: www.sos.ri.gov