



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Limited Liability Company  
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

ANNUAL REPORT YEAR: 2017

1. ID No. 000584794

2. Exact Name of the Limited Liability Company WICKFORD WINE COMPANY, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

424820

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

WINE IMPORTER

5. Principal Office Address

No. and Street: 4 BROWN STREET  
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: LIANA BUONANNO Contact Title:  
No. and Street: PO BOX 282  
City or Town: WICKFORD State: RI Zip: 02852 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

**DO NOT LIST MEMBERS**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------|--|--|
|-------|--|--|

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**Signed this 30 Day of April, 2018 at 2:14:47 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LIANA BUONANNO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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