



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

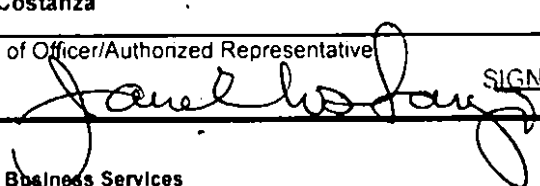
Annual Report for the year: **2018**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 137518		2. Exact name of the Corporation United Independent Liquor Retailers Association of Rhode Island, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote and represent the common business interest of and improve business conditions among members of the independent liquor industry.			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 321 South Main Street, Suite 301		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elliott N. Fishbein		Vice-President Name Ronald McGreen			
Street Address 179 Newport Avenue		Street Address 1086 Willett Avenue			
City Rumford	State RI	Zip 02916	City East Providence	State RI	Zip 02915
Secretary Name Jane E. Costanza		Treasurer Name Thomas F. Saccocia			
Street Address 667 Kingstown Road		Street Address 2069 Smith Street			
City Wakefield	State RI	Zip 02879	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elliott N. Fishbein		Director Name Ronald McGreen			
Street Address 179 Newport Avenue		Street Address 1086 Willett Avenue			
City Rumford	State RI	Zip 02916	City East Providence	State RI	Zip 02915
Director Name Jane E. Costanza		Director Name Thomas F. Saccocia			
Street Address 667 Kingstown Road		Street Address 2069 Smith Street			
City Wakefield	State RI	Zip 02879	City North Providence	State RI	Zip 02911
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Jane E. Costanza					Date 5/15/18
Signature of Officer/Authorized Representative 					
SIGN DOCUMENT HERE					

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
MAY 23 2018