



State of Rhode Island and Providence Plantations

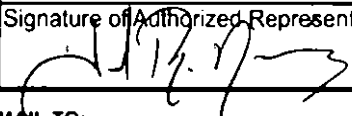
Department of State - Business Services Division

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

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000728886		2. Exact name of the Corporation BROAD STREET LIQUORS INC.			
3. Principal Office Address 1032 BROAD STREET		City PROVIDENCE		State RI	Zip 02907
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island RETAIL PACKAGE LIQUORS 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 JOEL R NUNEZ			Vice-President Name JOEL R NUNEZ		
Street Address 280 DEADY AVE EXT			Street Address 280 DEADY AVE EXT		
City STOUGHTON	State MA	Zip 02072	City STOUGHTON	State MA	Zip 02072
Secretary Name JOEL R NUNEZ			Treasurer Name JOEL R NUNEZ		
Street Address 280 DEADY AVE EXT			Street Address 280 DEADY AVE EXT		
City STOUGHTON	State MA	Zip 02072	City STOUGHTON	State MA	Zip 02072
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		CLASSIFICATIONS	PAR VALUE
		100	CNP	0.00	
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 JOEL R NUNEZ					Date 06/05/2018
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

SIGNATURE: **FILED**
JUN 07 2018
BY **1156**