RI SOS Filing Number: 201876601320 Date: 9/4/2018 4:00:00 PM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP -4 AM 10: 34

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	2. Exact name of the Corporation			
000144205	Uncle Ben Liquor INC			
3. Principal Office Address		City	State	Zip
940 Douglas ave		Pou	RI	02908
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445310	Liquor Store			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses)			Check the box to indicate an attachment ☐		
President Name			Vice-President Name		
Benjamin B Fagbote					
Street Address			Street Address		
206 Messer St					
City	State	Zip	City	State	Zip
Pou	RI	02909			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses)			Check the box to indicate an attachment ☐		
Director Name			Director Name		
BENJAMIN B Fagbote					
Street Address			Street Address		
206 Messer St					
City	State	Zip	City	State	Zip
Pou	RI	02909			
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 ☐
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	8.000000		10.0000

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	Date
Benjamin Fagbote	9-4-18

Signature of Authorized Representative

FILED
SEP 04 2018
BY A.A.

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

FORM 630 - Revised: 02/2017