



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

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(1)) is subject to a penalty fee of \$25.00.

1. ID No. 126691		2. Exact name of the limited liability company RLPD Wines, LLC					
3. State of formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island retail sale of Alcoholic beverages 312130					
5. Principal office address 137 Main Street				City Westerly		State RI	Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Robert J. Vouno				Contact Title Member			
Street Address 137 Main Street				City Westerly		State RI	Zip 02891
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>							
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11							

FILED

SEP 10 2018

BY WJSS

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

Robert J. Vouno 9/5/2018
Signature of Authorized Person Date

Robert J. Vouno

Print or Type Name of Authorized Person

File Date	_____
Check No.	_____
By:	_____
FOR SECRETARY OF STATE USE ONLY	