



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

Annual Report for the year: **2018** AMENDMENT
 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 000158444		2. Exact name of the Corporation Vandelay Liquors, Inc.			
3. Principal Office Address 616 George Washington Highway			City Lincoln	State RI	Zip 02865
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Liquor 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 Kent Maurice					
Street Address 225 Shady Hill Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Margaret Maurice			Treasurer Name Kent Maurice		
Street Address 225 Shady Hill Drive			Street Address 225 Shady Hill Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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		CLASS/SERIES	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. <i>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.</i>					
Name of Authorized Representative Kent Maurice				Date 11/19/2018	
Signature of Authorized Representative 					

RECEIVED
 RI DEPT OF STATE
 BUS SVC DIV
 NOV 30 11:49 AM '18

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

AMENDMENT

FILED

NOV 30 2018
 KL 11:49
 FORM 630 - Revised 10/2017



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

November 30, 2018 11:49 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

