RI SOS Filing Number: 201883429140 Date: 12/28/2018 4:35:00 PM

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

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CORPORATIONS DIV
2018 DEC 28 PM 4:32

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
000543936	PARK SQUARE WINE & SPIRITS, INC.

3. Principal Office Address	City	State	Zip
60 EDDIE DOWLING HIGHWAY	NORTH SMITHFIELD	RI	02896

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445310	PACKAGE STORE SELLING LIQUOR, WINE, BEER ETC.
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
SAPANA PATEL	
Street Address: 2 COUNTRY CLUB LN	Street Address:
City: HOPEDALE State: MA Zip: 01747	City: State: Zip:
Secretary Name: SAPANA PATEL	Treasurer Name: SAPANA PATEL
Street Address: 2 COUNTRY CLUB LN	Street Address: 2 COUNTRY CLUB LN
City: HOPEDALE State: MA Zip: 01747	City: HOPEDALE State: MA Zip: 01747

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
SAPANA PATEL	
Street Address: 2 COUNTRY CLUB LN	Street Address:
City: HOPEDALE State: MA Zip: 01747	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8000	CNP	0

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: SAPANA PATEL
Date: 12/20/18

Signature of Authorized Representative: Patel

FILED
DEC 28 2018
4:35
BY QV52P

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: 10/2017