



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

DEC 31 2018

BY AOC 45985

1 Entity ID Number 21179		2 Exact name of the Corporation POST ROAD LIQUOR MART, INC.									
3 Principal Office Address 6800 Post Road			City North Kingstown	State RI	Zip 02852						
4 NAICS Code 445310		6 Brief description of the character of business conducted in Rhode Island Retail liquor sales									
5 State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐											
President Name Nicholas A. Fede III			Vice-President Name Frank P. Fede								
Street Address 6800 Post Road			Street Address 6800 Post Road								
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852						
Secretary Name Nicholas A. Fede III			Treasurer Name Frank P. Fede								
Street Address 6800 Post Road			Street Address 6800 Post Road								
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852						
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐											
Director Name Nicholas A. Fede III			Director Name Frank P. Fede								
Street Address 6800 Post Road			Street Address 6800 Post Road								
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852						
Director Name None			Director Name None								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized Check the box to indicate an attachment ☐											
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 ☐								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>75</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	75	Common	No Par
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
75	Common	No Par									
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 Nicholas A. Fede III					Date 12/26/18						
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