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 AK 45985

1 Entity ID Number	2 Exact name of the Corporation
21179	POST ROAD LIQUOR MART, INC.

3. Principal Office Address	City	State	Zip
6800 Post Road	North Kingstown	RI	02852

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445310	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	Street Address	City	State	Zip
Nicholas A. Fede III	6800 Post Road	North Kingstown	RI	02852

Vice-President Name	Street Address	City	State	Zip
Frank P. Fede	6800 Post Road	North Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Nicholas A. Fede III	6800 Post Road	North Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Frank P. Fede	6800 Post Road	North Kingstown	RI	02852

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

Director Name	Street Address	City	State	Zip
Nicholas A. Fede III	6800 Post Road	North Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
Frank P. Fede	6800 Post Road	North Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	75	Common	No Par
Changes require an additional filing.			

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
Nicholas A. Fede III	12/26/18

Signature of Authorized Representative: Nicholas A. Fede

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