



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**

**STAMP**

JAN 11 2019

FOR SECRETARY OF STATE USE ONLY

BY LUISO *[Signature]*

|  |                    |   |   |                    |                           |
|--|--------------------|---|---|--------------------|---------------------------|
| 1. Entity ID Number<br><b>5886</b>   |                    | 2. Exact name of the Corporation<br><b>FERREIRA'S PACKAGE STORE</b>   |   |                    |                           |
| 3. Principal Office Address<br><b>1965 EAST MAIN ROAD</b>  |                    |   | City<br><b>PORTSMOUTH</b>                         | State<br><b>RI</b> | Zip<br><b>02871</b>       |
| 4. NAICS Code<br><b>445310</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>RETAIL SALE OF LIQUOR</b>           |   |                    |                           |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                    |   |   |                    |                           |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                           |
| President Name<br><b>LEONARD J. FERREIRA</b>   |                    |   | Vice-President Name<br><b>LEONARD J. FERREIRA</b> |                    |                           |
| Street Address<br><b>77 FERREIRA TERRACE</b>   |                    |   | Street Address<br><b>77 FERREIRA TERRACE</b>      |                    |                           |
| City<br><b>PORTSMOUTH</b>  | State<br><b>RI</b> | Zip<br><b>02871</b>   | City<br><b>PORTSMOUTH</b>                         | State<br><b>RI</b> | Zip<br><b>02871</b>       |
| Secretary Name<br><b>GERALDINE SMITH</b>   |                    |   | Treasurer Name<br><b>ARLENE M. REGO</b>           |                    |                           |
| Street Address<br><b>44 FAIRVIEW AVENUE</b>  |                    |   | Street Address<br><b>11 ACORN LANE</b>            |                    |                           |
| City<br><b>PORTSMOUTH</b>  | State<br><b>RI</b> | Zip<br><b>02871</b>   | City<br><b>PORTSMOUTH</b>                         | State<br><b>RI</b> | Zip<br><b>02871</b>       |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                           |
| Director Name  |                    |   | Director Name                                     |                    |                           |
| Street Address   |                    |   | Street Address                                    |                    |                           |
| City   | State              | Zip   | City  | State              | Zip                       |
| Director Name  |                    |   | Director Name                                     |                    |                           |
| Street Address   |                    |   | Street Address                                    |                    |                           |
| City   | State              | Zip   | City  | State              | Zip                       |
| 9. Shares Authorized   |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |   |                    |                           |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES  |   | CLASS/SERIES       |                           |
|  |                    | 300   |   | COMMON             |                           |
|  |                    |   |   | PAR VALUE          |                           |
|  |                    |   |   | 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.<br><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<br><b>ARLENE M. REGO</b>   |                    |   |   |                    | Date<br><b>12/29/2018</b> |
| Signature of Authorized Representative<br><i>[Signature]</i>   |                    |   |   |                    | SIGN DOCUMENT HERE        |

MAIL TO:  
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