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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

[redacted], *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. § 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(3)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
000304819	City Streets Liquors, Inc.

3. Street Address Principal Business Office	City	State	Zip
61 Hamlet Avenue	Woonsocket	RI	02895

4. Business Phone No.	5. State of Incorporation
401-365-4810	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Retail Liquor Store 445310

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Deborah Hull	Deborah Hull
Street Address: 44 Hanover Street	Street Address: 44 Hanover Street
City: Pawtucket / State: RI / Zip: 02861	City: Pawtucket / State: RI / Zip: 02861
Secretary Name: Ann Poholek	Treasurer Name: Ann Poholek
Street Address: 1467 Congress Road	Street Address: 1467 Congress Road
City: Eastover / State: SC / Zip: 29044	City: Eastover / State: SC / Zip: 29044

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Deborah Hull	Ann Poholek
Street Address: 44 Hanover Street	Street Address: 1467 Congress Road
City: Pawtucket / State: RI / Zip: 02861	City: Eastover / State: SC / Zip: 29044
Director Name: none	Director Name: none
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	Class Name	Par Value
4,000	common	0

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.

[redacted]

FILED
JAN 17 2019
BY 5300

[redacted]

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.

Signature — *Date* 1/10/19

Michael Hull
Print or Type Name

V.P.
Title

File Date ___ ___ ___ ___ ___ ___
Check No. ___ ___ ___ ___ ___ ___
By ___ ___ ___ ___ ___ ___

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Form 630 Rev. 08/08