



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

STAMP

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.

| | | | | | |
|--|-----------------|--|---|---|---------------------|
| 1. Entity ID Number 118478 | | 2. Exact name of the Corporation G & S LIQUORS, INC. | | | |
| 3. Principal Office Address 2951 Hartford Avenue | | | City Johnston | State RI | Zip 02919 |
| 4. NAICS Code 445310 | | 6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RETAIL LIQUOR STORE | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name GABY J. DAIAA | | | Vice-President Name SALIBA SALIBA | | |
| Street Address 7 Jessica Court | | | Street Address 10 Quaker Road | | |
| City Cranston | State RI | Zip 02920 | City Johnston | State RI | Zip 02919 |
| Secretary Name SALIBA SALIBA | | | Treasurer Name GABY J. DAIAA | | |
| Street Address 10 Quaker Road | | | Street Address 7 Jessica Court | | |
| City Johnston | State RI | Zip 02919 | City Cranston | State RI | Zip 02920 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name SALIBA SALIBA | | | Director Name GABY J. DAIAA | | |
| Street Address 10 Quaker Road | | | Street Address 7 Jessica Court | | |
| City Johnston | State RI | Zip 02919 | City Cranston | State RI | Zip 02920 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | CLASS/SERIES |
| | | | 500 | | Common |
| | | | | | PAR VALUE |
| | | | | | No Par Value |
| 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. <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 SALIBA SALIBA | | | | Date 1-22-19 | |
| Signature of Authorized Representative | | | | FILED SIGN DOCUMENT HERE JAN 24 2019 BY 11289 DS | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov