



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

5184P

→ 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 001667023		2. Exact name of the Corporation TWELFTH NIGHT SALES, INC	
3. Principal Office Address 219 WOOD STREET		City BRISTOL	State RI
		Zip 02809	
4. NAICS Code 445310	6. Brief description of the character of business conducted in Rhode Island 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 MICHAEL S BRITO JR		Vice-President Name	
Street Address 4 PRESIDENT AVE		Street Address	
City PROVIDENCE	State RI	Zip 02906	
Secretary Name MICHAEL S BRITO JR		Treasurer Name MICHAEL S BRITO JR	
Street Address 4 PRESIDENT AVE		Street Address 4 PRESIDENT AVE	
City PROVIDENCE	State RI	Zip 02906	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name MICHAEL S BRITO JR		Director Name	
Street Address 4 PRESIDENT AVE		Street Address	
City PROVIDENCE	State RI	Zip 02906	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		3,000	COMMON
			0
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 MICHAEL S BRITO			Date 01/23/19
Signature of Authorized Representative			
SIGN DOCUMENT HERE FILED			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 24 2019

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FORM 630 - Revised: 10/2017