



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division


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

518-4P

→ 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 <b>001667023</b>		2. Exact name of the Corporation <b>TWELFTH NIGHT SALES, INC</b>			
3. Principal Office Address <b>219 WOOD STREET</b>		City <b>BRISTOL</b>		State <b>RI</b>	Zip <b>02809</b>
4. NAICS Code <b>445310</b>		6. Brief description of the character of business conducted in Rhode Island <b>RETAIL LIQUOR STORE</b>			
5. State of Incorporation <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 <b>MICHAEL S BRITO JR</b>			Vice-President Name		
Street Address <b>4 PRESIDENT AVE</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name <b>MICHAEL S BRITO JR</b>			Treasurer Name <b>MICHAEL S BRITO JR</b>		
Street Address <b>4 PRESIDENT AVE</b>			Street Address <b>4 PRESIDENT AVE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</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 <b>MICHAEL S BRITO JR</b>			Director Name		
Street Address <b>4 PRESIDENT AVE</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>3,000</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>0</b>
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. <b>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.</b>					
Name of Authorized Representative <b>MICHAEL S BRITO</b>					Date <b>01/23/19</b>
Signature of Authorized Representative 					
SIGN DOCUMENT HERE <b>FILED</b>					

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

JAN 24 2019

BY

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FORM 630 - Revised: 10/2017