

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

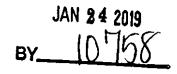
1. Entity ID Number 001667023		2. Exact name of the Corporation TWELFTH NIGHT SALES, INC					
3. Principal Office Address 219 WOOD STREET			City BRISTOL		State RI	Zip 02809	
4. NAICS Code	6. Brief desc	ription of the charac	cter of business of	conducted in Rhode	Island	<u>.</u>	
445310	RETAIL LIG	RETAIL LIQUOR STORE					
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names a	nd addresses)		lia a ii		the box to in	dicate an attachment D	
President Name MICHAEL S	Vice-President Name						
Street Address 4 PRESIDENT	Street Address						
City PROVIDENCE	State RI	^{Zip} 02906	City		State	Zip	
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	City PROVIDENCE		State RI	^{Zip} 02906	
8. List ALL directors (names	and addresses)			Check	k the box to in	ndicate an attachment	
Director Name MICHAEL S B	IRITO JR		Director Nam	e	-		
Street Address 4 PRESIDENT	T AVE		Street Addres	SS.	<u> </u>		
PROVIDENCE	State RI	Zip 02906	City		State	Zip	
Director Name		<u> </u>	Director Nam	e	<u> </u>	<u></u>	
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized	J	10. Shares Is	sued	Ched	k the box to in	I ndicate an attach <u>ment [</u>	
This Information is currently of	of record in the		OF SHARES	CLASS/SERI		PAR VALUE	
Department of State.		3,000		COMMON		0	
Changes require an additiona	l filing.						
11. This report must be exec	cuted on behalf of the	corporation by an	authorized repre	sentative. If the corp	oration is in t	he hands of a receiver of	
trustee, this report must be e Under penalty of perjury, I	declare and affirm	that I have examil	ned this report,	trustee. Including any acco	mpanying s	chedules and	
statements, and that all sta		i herein are true a	nd correct.		Date		
Name of Authorized Representative MICHAEL S BRITO						01/23/19	
Signature Rep	resentative	SIGN DO	CUMENT 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





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