RI SOS Filing Number: 201985611470 Date: 1/30/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

al Report for the year: 2019

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- → Filing period: January 1 March 1 → Filing Fee: \$50.00

1. Entity ID Number 36066		2. Exact name of the Corporation FAIRFIELD ENTERPRISES, INC.							
3. Principal Office Address			City		State	Zıp 02852			
6125 Post Road			North Kings		RI	02852			
. NAICS Code	6 Brief descr	iption of the charac	cter of business o	onducted in Rhode	Island				
722410	Business o	Business of a lounge and to sell retain soft drinks and alcoholic beverages							
State of Incorporation									
Rhode Island									
List ALL officers (names a	nd addresses)		•	Chec	k the box to in	dicate an attachment			
President Name Kevin C. Heise			Vice-President Name None						
Street Address			Street Address						
6125 Post Ro	ad		056.7.55.55	•					
^{ity} North Kingstown	State RI	Z ₁ p 02852	City		State	Žip			
ecretary Name Kevin C. Hei	se		Treasurer Name Kevin C. Heise						
Street Address 6125 Post Road			Street Address 6125 Post Road						
North Kingstown	State RI	Zip 02852	City North Kingstown		State RI	Zip 02852			
List ALL directors (names	and addresses)			Chec	k the box to in	dicate an attachmen			
Oirector Name None	-		Director Name	•					
Street Address			Street Address						
ALCO ACCUS									
City	State	Zip	City		State	Zip			
)irector Name	<u> </u>		Director Name		<u>. l</u>	<u> </u>			
ALCO INSTITE			555,5						
Street Address			Street Address	S					
City	State	Zip	City		State	Zip			
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). Shares Authorized		10. Shares Is				dicate an attachmen			
Department of State			OF SHARES	CLASS/SER	IES	PAR VALUE			
•		100		Common		No Par Value			
Changes require an additiona	ıl filing.								
1. This report must be exec	cuted on behalf of the	corporation by an	authorized repres	I sentative. If the con	oration is in the	he hands of a receive			
rustee, this report must be e	executed on behalf of	f the corporation by	the receiver or to	rustee.		1			
Inder penalty of perjury, I				including any acco	ompanying so	chedules and			
tatements, and that all st.		i nerein are true a:	na correct.		Date				
Kevin C. Heiser President		_				011/20			
Signature of Authorized Rep		$\overline{}$		FILED /		May W			
signature or Authorized Rep	JESEII JOHN STORES	. Kelistic	OCHMENT HERE						
/ JUHA!	St (1)	1510		AN 3 0 2019					
HATE TO		V	J	WIA A A COID	_				
ivision of Business Services 18 W. River Street. Providence		615		7491	25				
Phores (401) 222-3040	, INTOUE ISIBITO 02504-2	J.J	BY_	<u></u>	س میلے				

Website: www sos ri.gov

FORM 630 - Revised: 10/2017