



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

Annual Report for the year: 2019
 Corporation _____

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 SECRETARY OF STATE
 CORPORATIONS DIV

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number 298499		2. Exact name of the Corporation Scituate Beverage, Inc.			
3. Principal Office Address 30 Hartford Pike		City Scituate		State RI	Zip 02857
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island 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 Kimberly Angell			Vice-President Name Donna Viens		
Street Address 30 Hartford Pike			Street Address 30 Hartford Pike		
City Scituate		State RI	Zip 02857	City Scituate	
State RI		Zip 02857		State RI	
Zip 02857		City Scituate		State RI	
City Scituate		State RI		Zip 02857	
Secretary Name Kimberly Angell			Treasurer Name Donna Viens		
Street Address 30 Hartford Pike			Street Address 30 Hartford Pike		
City Scituate		State RI	Zip 02857	City Scituate	
State RI		Zip 02857		State RI	
Zip 02857		City Scituate		State RI	
City Scituate		State RI		Zip 02857	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kimberly Angell			Director Name Donna Viens		
Street Address 30 Hartford Pike			Street Address 30 Hartford Pike		
City Scituate		State RI	Zip 02857	City Scituate	
State RI		Zip 02857		State RI	
Zip 02857		City Scituate		State RI	
City Scituate		State RI		Zip 02857	
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	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 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 Kimberly Angell				Date 1/7/19	
Signature of Authorized Representative <i>Kimberly Angell</i>					

ORIGINAL DOCUMENT 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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