



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
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 125392		2. Exact name of the Corporation W.T.T. LIQUORS, INC			
3. Principal Office Address 373 NORTH MAIN STREET			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 448120		6. Brief description of the character of business conducted in Rhode Island OPERATION OF 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 WILL TANG			Vice-President Name TOLA TANG		
Street Address 373 NORTH MAIN STREET			Street Address 373 NORTH MAIN STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name WILL TANG			Treasurer Name WILL TANG		
Street Address 373 NORTH MAIN STREET			Street Address 373 NORTH MAIN STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WILL TANG			Director Name TOLA TANG		
Street Address 373 NORTH MAIN STREET			Street Address 373 NORTH MAIN STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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		
			200	COMMON	NO PAR
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. <i>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.</i>					
Name of Authorized Representative WILL TANG				Date 2.12.19	
Signature of Authorized Representative 					

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

FEB 15 2019
 BY 8703 DS