RI SOS Filing Number: 201987764750 Date: 2/25/2019 4:00:00 PM

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.

STAMP
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation
543408	**FABIAN LIQUORS, INC.**

3. Principal Office Address	City	State	Zip
500 Cranston Street	**Providence**	**RI**	**02907**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445310	**The buying and selling, retail and/or wholesale of alcoholic and non alcoholic beverages.**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Fabian Francisco	**Fabian Francisco**
Street Address: **22 Carl Street**	Street Address: **22 Carl Street**
City: **Providence** State: **RI** Zip: **02909**	City: **Providence** State: **RI** Zip: **02909**
Secretary Name: **Fabian Francisco**	Treasurer Name: **Fabian Francisco**
Street Address: **22 Carl Street**	Street Address: **22 Carl Street**
City: **Providence** State: **RI** Zip: **02902**	City: **Providence** State: **RI** Zip: **02909**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
N/A	
Street Address	Street Address
City State Zip	City State Zip
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	**1000**	**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	Date
Fabian Francisco, President	2-15-19

Signature of Authorized Representative: Fabian Francisco — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 25 2019
BY 3085 DS

FORM 630 - Revised: 10/2017