



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

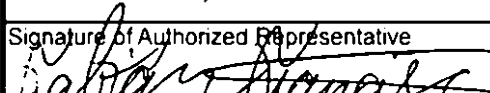
Annual Report for the year: **2019**  
Corporation

→ 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 <b>543408</b>		2. Exact name of the Corporation <b>FABIAN LIQUORS, INC.</b>			
3. Principal Office Address <b>500 Cranston Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>445310</b>		6. Brief description of the character of business conducted in Rhode Island <b>The buying and selling, retail and/or wholesale of alcoholic and non alcoholic beverages.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Fabian Francisco</b>			Vice-President Name <b>Fabian Francisco</b>		
Street Address <b>22 Carl Street</b>			Street Address <b>22 Carl Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name <b>Fabian Francisco</b>			Treasurer Name <b>Fabian Francisco</b>		
Street Address <b>22 Carl Street</b>			Street Address <b>22 Carl Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02902</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			Director Name		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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. <b>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.</b>					
Name of Authorized Representative <b>Fabian Francisco, President</b>					Date <b>2-15-19</b>
Signature of Authorized Representative 					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**

FORM 630 - Revised: 10/2017

BY **30085 DS**