



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year:

2019

FEB 25 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.

BY 62206

1. Entity ID Number 25561		2. Exact name of the Corporation Joyal Liquors, Inc.			
3. Principal Office Address 90 West Warwick Avenue		City West Warwick		State RI	Zip 02893
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Retail sale of liquors			
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 Denis R. Joyal			Vice-President Name Paul Joyal		
Street Address 78 Gray Street			Street Address 73 Perkins Street		
City Warwick	State RI	Zip 02889	City West Warwick	State RI	Zip 02893
Secretary Name Denis R. Joyal			Treasurer Name Paul Joyal		
Street Address 78 Gray Street			Street Address 73 Perkins Street		
City Warwick	State RI	Zip 02889	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Denis R. Joyal			Director Name Paul Joyal		
Street Address 78 Gray Street			Street Address 73 Perkins Street		
City Warwick	State RI	Zip 02889	City West Warwick	State RI	Zip 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
8,000		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.					
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 Denis R. Joyal				Date 2/14/19	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017