



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.

FILED

FEB 28 2019

BY 4539
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1. Entity ID Number <u>23179</u>		2. Exact name of the Corporation <u>THE LIQUOR SHOPPE, INC.</u>			
3. Principal Office Address <u>155 Broad Street</u>			City <u>Pawtucket</u>	State <u>R. I.</u>	Zip <u>02860</u>
4. NAICS Code <u>445310</u>		6. Brief description of the character of business conducted in Rhode Island <u>Retail Liquor Store</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Domenic T. Ferri, Jr.</u>			Vice-President Name <u>Elaine Ferri</u>		
Street Address <u>35 Betty Pond Road</u>			Street Address <u>1 Deer Run</u>		
City <u>Scituate</u>	State <u>R. I.</u>	Zip <u>02831</u>	City <u>Scituate</u>	State <u>R. I.</u>	Zip <u>02831</u>
Secretary Name <u>Elaine Ferri</u>			Treasurer Name <u>Domenic T. Ferri, Jr.</u>		
Street Address <u>1 Deer Run</u>			Street Address <u>35 Betty Pond Road</u>		
City <u>Scituate</u>	State <u>R. I.</u>	Zip <u>02831</u>	City <u>Scituate</u>	State <u>R. I.</u>	Zip <u>02831</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>Domenic T. Ferri, Jr.</u>			Director Name <u>Elaine Ferri</u>		
Street Address <u>35 Betty Pond Road</u>			Street Address <u>1 Deer Run</u>		
City <u>Scituate</u>	State <u>R. I.</u>	Zip <u>02831</u>	City <u>Scituate</u>	State <u>R. I.</u>	Zip <u>02831</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. <u>2000 NO PAR VALUE</u> Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <u>2000</u>	CLASS/SERIES <u>COMMON</u>	PAR VALUE <u>WITHOUT</u>	
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 <u>Domenic Ferri Jr.</u>					Date <u>February 25, 2019</u>
Signature of Authorized Representative <u>Domenic Ferri Jr.</u>					