



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.

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STATE
SECRETARY OF
CORPORATIONS
2019 MAR - 1 AM 8:46

1. Entity ID Number 17058		2. Exact name of the Corporation West Bay Liquors			
3. Principal Office Address 2430 Warwick Avenue			City Warwick	State RI	Zip 02889
4. NAICS Code 424820		6. Brief description of the character of business conducted in Rhode Island Retail Liquor			
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 Dana Haxton			Vice-President Name		
Street Address 483 Bittersweet Farm Way			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Dana Haxton			Treasurer Name Dana Haxton		
Street Address 483 Bittersweet Farm Way			Street Address 483 Bittersweet Farm Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			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 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
			100	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 Dana Haxton, President				Date 2/15/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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Website: www.sos.n.gov