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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 MAR -1 A 8:

1. Entity ID Number	2. Exact name of the Corporation		
16009	Haxton's Toll Gate Liquor, Inc.		
3. Principal Office Address	City	State	Zip
1123 Bald Hill Road	Warwick	RI	02886
4. NAICS Code: 424820	6. Brief description of the character of business conducted in Rhode Island: Retail Liquor Store		
5. State of Incorporation: RHODE ISLAND			

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

President Name	Street Address	City	State	Zip
Robert J. Haxton	483 Bittersweet Farm Way	Wakefield	RI	02879

Vice-President Name	Street Address	City	State	Zip
Timothy P. Haxton	58 Grande Brook Circle	South Kingstown	RI	02879

Secretary Name	Street Address	City	State	Zip
Robert J. Haxton	483 Bittersweet Farm Way	Wakefield	RI	02879

Treasurer Name	Street Address	City	State	Zip
Timothy P. Haxton	58 Grande Brook Circle	South Kingstown	RI	02879

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$0.00

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: **Robert J. Haxton, President**

Date: 2/15/19

Signature of Authorized Representative: Robert J Haxton

SIGN DOCUMENT HERE

FILED

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

MAR 01 2019
BY 15125
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FORM 630 - Revised: 10/2017