



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATION DIVISION
 2019 MAR -1 AM 8:45

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.

1. Entity ID Number 16009		2. Exact name of the Corporation Haxton's Toll Gate Liquor, Inc.	
3. Principal Office Address 1123 Bald Hill Road		City Warwick	State RI
		Zip 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 <input type="checkbox"/>			
President Name Robert J. Haxton		Vice-President Name Timothy P. Haxton	
Street Address 483 Bittersweet Farm Way		Street Address 58 Grande Brook Circle	
City Wakefield	State RI	Zip 02879	City South Kingstown
			State RI
			Zip 02879
Secretary Name Robert J. Haxton		Treasurer Name Timothy P. Haxton	
Street Address 483 Bittersweet Farm Way		Street Address 58 Grande Brook Circle	
City Wakefield	State RI	Zip 02879	City South Kingstown
			State RI
			Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		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 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.		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. <i>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.</i>			
Name of Authorized Representative Robert J. Haxton, President		Date 2/15/19	
Signature of Authorized Representative <i>Robert J. Haxton</i>		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

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 BY *[Signature]* 15125
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 FORM 630 - Revised: 10/2017