



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

**FILED**

**MAR 01 2019**

BY 5936 OS

**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 C00158444		2. Exact name of the Corporation VANDELAY LIQUORS, INC.				
3. Principal Office Address 616 GEORGE WASHINGTON HIGHWAY			City LINCOLN	State RI	Zip 02865	
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island LIQUOR STORE				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name KENT MAURICE			Vice-President Name NONE			
Street Address 225 SHADY HILL DRIVE			Street Address			
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip	
Secretary Name MARGARET MAURICE			Treasurer Name KENT MAURICE			
Street Address 225 SHADY HILL DRIVE			Street Address 225 SHADY HILL DRIVE			
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name NONE			Director Name NONE			
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		CNP	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.						
<b>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.</b>						
Name of Authorized Representative KENT MAURICE					Date 02/14/19	
Signature of Authorized Representative 						