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.

1. Entity ID Number	2 Exact nam	2. Exact name of the Corporation					
001664786		C & S Devine, Incorporated					
3. Principal Office Address	. •		City		State	Zip	
41 Ticonderoga Drive			Warwick		RI	02889	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
722410	SALE OF A	SALE OF ALCOHOLIC BEVERAGES AND FOOD					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name CORNINE DEVINE			Vice-President Name NONE				
Street Address 41 TICONDEROGA DR			Street Address				
City WARWICK	State RI	<sup>Zip</sup> 0289	City		State	State Zip	
Secretary Name ARLENE SHELTON			Treasurer Name STEVEN DEVINE				
Street Address 65 SUNSET AVE			Stree: Address 41 TICONDEROGA AVE				
City WARWICK	State RI	<sup>Zip</sup> 02889	City WARWICK		State RI	<sup>Zıp</sup> 02889	
8. List ALL directors (names and	addresses)			Check	the box to in	idicate an attachment	
Director Name CORNINE DEVINE			Director Name STEVEN DEVINE				
Street Address 41 TICONDEROGA AVE			Street Address 41 TOCONDEROGA AVE				
City WAWICK	State RI	<sup>Zip</sup> 02889	City WARWICK		State RI	<sup>Zip</sup> 02889	
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 attack.						idicate an attachment	
This information is currently of rec		NUMBER OF SHARES CLASS/SERIES PAR VALUE					
Department of State.		10000		CWP		\$0.001	
Changes require an additional filin	g.						
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 enjoyccompanying schedules and statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative							
Corine Devine MAR 0 8 2019 2/28/2019							
Signature of Authorized Representative  SIGN DOCUMENT ISSUE  SIGN DOCUME							
XI / WINO & POLM &							

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov