



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

FILED

MAR 18 2019

Handwritten initials
 STATEWIP

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.

BY 25781

1. Entity ID Number 1355528		2. Exact name of the Corporation The Wine & Liquor Company, Inc.	
3. Principal Office Address 17 Watercress Court		City Coventry	State RI
		Zip 02816	
4. NAICS Code 445310	6. Brief description of the character of business conducted in Rhode Island Operating a 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 Matthew Reay		Vice-President Name None	
Street Address 17 Watercress Court		Street Address	
City Coventry	State RI	Zip 02816	
Secretary Name Matthew Reay		Treasurer Name Matthew Reay	
Street Address 17 Watercress Court		Street Address 17 Watercress Court	
City Coventry	State RI	Zip 02816	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name N/A		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		100	Common
		PAR VALUE \$.01 per share	
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 Matthew Reay			Date 1/30/2019
Signature of Authorized Representative <i>Matthew Reay</i>			SIGN DOCUMENT HERE

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