



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
Corporation

2019 MAR 27 AM 9:30

- 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 000127354		2. Exact name of the Corporation Schwabby's Wine and Spirits, Inc.			
3. Principal Office Address 855 Point Judith Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island 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 Stephen E. Schwab			Vice-President Name Susan T. Schwab		
Street Address 31 Crosswynds Drive			Street Address 31 Crosswynds Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Stephen E. Schwab			Treasurer Name Stephen E. Schwab		
Street Address 31 Crosswynds Drive			Street Address 31 Crosswynds Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen E. Schwab			Director Name		
Street Address 31 Crosswynds Drive			Street Address		
City Saunderstown	State RI	Zip 02874	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	
		600		No Par	
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 Stephen E. Schwab					Date 2-18-19
Signature of Authorized Representative 					

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.n.gov

MAR 27 2019

9:30

BY ca 3548