



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 MAR 27 PM 12:24

1. Entity ID Number <b>691144</b>		2. Exact name of the Corporation <b>Atwells Wine &amp; Spirits, Inc</b>			
3. Principal Office Address <b>361 Atwells Avenue</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>445310</b>	6. Brief description of the character of business conducted in Rhode Island <b>To Operate a liquor store</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Salvatore Eacuello, Jr.</b>			Vice-President Name <b>Salvatore Eacuello, Jr.</b>		
Street Address <b>361 Atwells Avenue</b>			Street Address <b>361 Atwells Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Salvatore Eacuello, Jr.</b>			Treasurer Name <b>Salvatore Eacuello, Jr.</b>		
Street Address <b>361 Atwells Avenue</b>			Street Address <b>361 Atwells Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
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		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <b>200</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>.01</b>
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 <b>Salvatore Eacuello Jr</b>					Date <b>3-11/19</b>
Signature of Authorized Representative <i>Salvatore Eacuello Jr</i>					<b>FILED</b> 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

MAR 27 2019  
BY **KBM/K**  
**AA.**