



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.

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 SECRETARY OF STATE
 CORPORATIONS DIV

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1. Entity ID Number 691144		2. Exact name of the Corporation Atwells Wine & Spirits, Inc			
3. Principal Office Address 361 Atwells Avenue			City Providence	State RI	Zip 02903
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island To Operate 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 Salvatore Eacuello, Jr.			Vice-President Name Salvatore Eacuello, Jr.		
Street Address 361 Atwells Avenue			Street Address 361 Atwells Avenue		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Salvatore Eacuello, Jr.			Treasurer Name Salvatore Eacuello, Jr.		
Street Address 361 Atwells Avenue			Street Address 361 Atwells Avenue		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common	.01
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 Salvatore Eacuello Sr					Date 3-11/19
Signature of Authorized Representative <i>Salvatore Eacuello Sr</i>					FILED 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 **K BMSK**
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