



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

Annual Report for the year: 2019
Corporation

FILED

APR 25 2019 *oe*

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RY 11569

1. Entity ID Number 95859		2. Exact name of the Corporation Fox Point Wine & Spirits, Inc.			
3. Principal Office Address 84 Cutler Street			City Warren	State RI	Zip 02885
4. NAICS Code 424820		6. Brief description of the character of business conducted in Rhode Island Purchase and sale of wine, beer and spirits and to conduct a wholesale distributorship of such			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Antonio Seabra			Vice-President Name		
Street Address 574 Ferry Street			Street Address		
City Newark	State NJ	Zip 07105	City	State	Zip
Secretary Name Antonio Seabra			Treasurer Name Antonio Seabra		
Street Address 574 Ferry Street			Street Address 574 Ferry Street		
City Newark	State NJ	Zip 07105	City Newark	State NJ	Zip 07105
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio Seabra			Director Name		
Street Address 574 Ferry Street			Street Address		
City Newark	State NJ	Zip 07105	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/STRIKES	PAR VALUE
		500		Common	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 Antonio Seabra					Date 4/19/19
Signature of Authorized Representative <i>Antonio Seabra</i>					

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