

FILED



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

DEC 20 2019

BY 223105

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2020

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>3738</u>		2. Exact name of the Corporation <u>AJTCASALI LIQUOR LLC</u>								
3. Principal office address <u>1776 B CRANSTON ST</u>				City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>				
4. Business Phone No. <u>943 4882</u>				5. State of Incorporation <u>RI</u>						
6. Brief description of the character of business conducted in Rhode Island <u>LIQUOR RETAIL 445310</u>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <u>THOMAS CASALI</u>				Vice-President Name <u>ALBERT CASALI JR</u>						
Street Address <u>33 RHINEY DR</u>				Street Address <u>41 LARKSPUR DRIVE</u>						
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>				
Secretary Name <u>MICHAEL CASALI</u>				Treasurer Name <u>ALBERT CASALI SR</u>						
Street Address <u>822 RHINEY AVE</u>				Street Address <u>66 EAST BELAIR RD</u>						
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>				
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name <u>THOMAS CASALI</u>				Director Name						
Street Address <u>33 RHINEY DR</u>				Street Address						
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>		City	State	Zip				
Director Name <u>ALBERT CASALI SR</u>				Director Name						
Street Address <u>66 EAST BELAIR RD</u>				Street Address						
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>		City	State	Zip				
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.								NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
								<u>500</u>	<u>COM</u>	<u>-0</u>

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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.

Albert A Casali Sr. 12/15/2019  
 Signature of Authorized Representative Date

ALBERT CASALI SR  
 Print or Type Name of Authorized Representative

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