



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

FILED

Annual Report for the year: 2020
Corporation

JAN 10 2020
 BY 3796

- 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 11244		2. Exact name of the Corporation Mineral Spring Liquor, Inc.			
3. Principal Office Address 1005 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Liquor-Retail			
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 John F. Saccoccia			Vice-President Name Same as President		
Street Address 85 Tomahawk Trail			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Same as President			Treasurer Name Same as President		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Same as President			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 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	PAR VALUE
		150		Common	0
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 John F. Saccoccia				Date 1-3-2020	
Signature of Authorized Representative 					