



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECORDED  
CORPORATIONS DIVAnnual Report for the year: 2019  
Corporation

STAMP

FOR

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2020 JAN 23 AM 9:55

1. Entity ID Number 103517		2. Exact name of the Corporation L & B BEVERAGE INC			
3. Principal Office Address 227 A NORTH BROW STREET			City EAST PROVIDENCE	State R.I.	Zip 02914
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island WHOLESALE LIQUOR BUSINESS			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name LUIS F OLIVEIRA			Vice-President Name MARY B OLIVEIRA		
Street Address 100 HOWARD STREET			Street Address 100 HOWARD STREET		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
Secretary Name LUIS F OLIVEIRA			Treasurer Name LUIS F OLIVEIRA		
Street Address 100 HOWARD STREET			Street Address 100 HOWARD STREET		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name LUIS F OLIVEIRA			Director Name MARY B OLIVEIRA		
Street Address 100 HOWARD STREET			Street Address 100 HOWARD STREET		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO	
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 LUIS F OLIVEIRA				Date 1/22/2020	
Signature of Authorized Representative 			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

FILED

JAN 23 2020

BY W.E. O'KEEFE  
9:55

FORM 630 - Revised: 10/2017