RI SOS Filing Number: 202033527800 Date: 1/31/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

→ 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	2. Exact nam	ne of the Corporation	ın				
1699041		URBAN WINE & SPIRITS, INC.					
3. Principal Office Address			City		State	Zip	
650 Branch Avenue			Providenc	e	RI	02904	
4. NAICS Code	6. Brief desc	ription of the chara-	ter of business	conducted in Rhode	l Island		
445310	Operation of a retail liquor store.						
5. State of Incorporation	The state of the s						
RI							
7. List ALL officers (names and	d addresses)	· · · · · ·		Chec	k the hox to inc	licate an attachment 🗀	
President Name Priscilla Reay			Check the box to indicate an attachment Vice-President Name Priscilla Reay				
Street Address 650 Branch Av	Street Address 650 Branch Avenue						
City Providence	State RI	^{Zip} 02904	City Providence		State RI	^{Zip} 02904	
Secretary Name Priscilla Reay			Treasurer Name Priscilla Reay				
Street Address 650 Branch Avenue			Street Address 650 Branch Avenue				
City Providence	State RI	Zip 02904	City Providence		State RI	Zip 02904	
8. List ALL directors (names a	nd addresses)			Chec	k the box to inc	dicate an attachment	
Director Name Priscilla Reay			Director Nam				
Street Address 650 Branch Avenue			Street Address				
City Providence	State RI	^{Zip} 02904	City		State	Zıp	
Director Name			Director Nam	ne	1	1	
Street Address	Street Address						
City State		Zip	City		State	Zip	
		·					
Shares Authorized This information is currently of record in the			10. Shares Issued Check the box to indicate an a NUMBER OF SHARES CLASS/SERIES PAR V			licate an attachment PAR VALUE	
Department of State.	voru iii uie	1,000.00		common	1		
Changes require an additional filing.						0.01	
11. This report must be execut	ted on hoholf of the	corporation by an	guithorized com-	nontative If the arrest	osotion is in th	o hando of a sacchisc = "	
 This report must be execut trustee, this report must be ex 	ecuted on behalf or	f the corporation by	the receiver or	trustee.			
Under penalty of perjury, I d statements, and that all stat	eclare and affirm ements contained	that I have examir	ned this report,	including any acco		nedules and	
Name of Authorized Represen	ıtative			Date			
Priscilla Reay				FILED	1/6/2020		
Signature of Authorized Repre	1/ .	SIGNIDO	CHMENT UCD				
V tuscula €.	lear	SIGN DC	CONICAL DER	AN 3 1 2020	CM		
MAIL TO:	J						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov