



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

Annual Report for the year: 2020
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 1699041		2. Exact name of the Corporation URBAN WINE & SPIRITS, INC.			
3. Principal Office Address 650 Branch Avenue			City Providence	State RI	Zip 02904
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Operation of a retail liquor store.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Priscilla Reay			Vice-President 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
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 and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Priscilla Reay			Director Name		
Street Address 650 Branch Avenue			Street Address		
City Providence	State RI	Zip 02904	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
			1,000.00	common	0.01
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. <i>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.</i>					
Name of Authorized Representative Priscilla Reay				Date 1/6/2020	
Signature of Authorized Representative <i>Priscilla E. Reay</i>				FILED	
				SIGN DOCUMENT HERE JAN 31 2020 <i>KM</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

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