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.

FILED
FEB 05 2020
BY 260236

1. Entity ID Number	2. Exact name of the Corporation		
10326	1776 LIQUORS OF BARRINGTON, INC		
3. Principal Office Address	City	State	Zip
145 MAIN STREET	WARREN	RI	02885
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
445310	RETAIL LIQUOR STORE		
5. State of Incorporation			
RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name AUDREY B FIELD			Vice-President Name		
Street Address 5 SHEFFIELD AVE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name AUDREY B FIELD			Treasurer Name AUDREY B FIELD		
Street Address 5 SHEFFIELD AVE			Street Address 5 SHEFFIELD AVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name AUDREY B FIELD			Director Name		
Street Address 5 SHEFFIELD AVE			Street Address		
City BRISTOL	State RI	Zip 02809	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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	Date
AUDREY B FIELD	01/31/2020

Signature of Authorized Representative — SIGN DOCUMENT HERE — Audrey Field

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov