

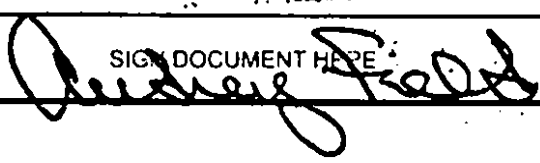


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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
20036

1. Entity ID Number 10326		2. Exact name of the Corporation 1776 LIQUORS OF BARRINGTON, INC			
3. Principal Office Address 145 MAIN STREET			City WARREN	State RI	Zip 02885
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island 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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	0	
Changes require an additional filing.					
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 AUDREY B FIELD				Date 01/31/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	