



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

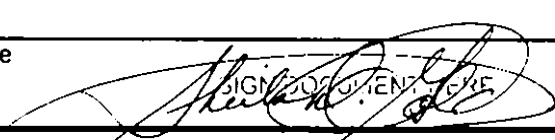
Annual Report for the year: 2020  
Corporation

- 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 10 2020

BY 10837 DS

1. Entity ID Number <b>132987</b>		2. Exact name of the Corporation <b>SHELALARA VINEYARDS AND WINERY, INC</b>			
3. Principal Office Address <b>377 NARRAGANSETT PARKWAY</b>		City <b>WARWICK</b>		State <b>RI</b>	Zip <b>02888</b>
4. NAICS Code <b>312130</b>		6. Brief description of the character of business conducted in Rhode Island <b>WINERY</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SHEILA D GOLD</b>			Vice-President Name <b>JASON G GOLD</b>		
Street Address <b>377 NARRAGANSETT PARKWAY</b>			Street Address <b>377 NARRAGANSETT PARKWAY</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
Secretary Name <b>SHEILA D GOLD</b>			Treasurer Name <b>SHEILA D GOLD</b>		
Street Address <b>377 NARRAGANSETT PARKWAY</b>			Street Address <b>377 NARRAGANSETT PARKWAY</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1000</b>	<b>CNP</b>	<b>0.00</b>
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 <b>SHEILA D GOLD</b>				Date <b>1-20-2020</b>	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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