



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

FILED STAMP

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.

FEB 10 2020
 BY 2493 DS

1. Entity ID Number 980692		2. Exact name of the Corporation CONIMICUT LIQUORS, INC.			
3. Principal Office Address 1230 WEST SHORE ROAD			City WARWICK	State RI	Zip 02889
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 <input type="checkbox"/>					
President Name Ruxi Dudhia			Vice-President Name Vishal Modi		
Street Address 5 Shadowbrook Xing			Street Address 5 Shadowbrook Xing		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Ruxi Dudhia			Treasurer Name Ruxi Dudhia		
Street Address 5 Shadowbrook Xing			Street Address 5 Shadowbrook Xing		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			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			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		PAR VALUE
			1000	Common	0.0100
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 Ruxi Dudhia, President				Date 1/31/2020	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 748 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov