



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 18 2020

2020

1. Entity ID Number 6298		2. Exact name of the Corporation Perry's Liquors, Inc.			
3. Principal Office Address 240 Columbus Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUORS			
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 John Perry			Vice-President Name John D. Perry		
Street Address 65 Hunts Avenue			Street Address 30 Homestead Avenue		
City Pawtucket	State RI	Zip 02861	City Rehoboth	State MA	Zip 02769
Secretary Name Rosella Perry			Treasurer Name John Perry		
Street Address 6 Hunts Avenue			Street Address 65 Hunts Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Perry			Director Name Rosella Perry		
Street Address 65 Hunts Avenue			Street Address 65 Hunts Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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
		25		COMMON	NO PAR
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 JOHN PERRY					Date 1/21/2020
Signature of Authorized Representative <i>John Perry</i> SIGN DOCUMENT HERE					

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