



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

**FILED**

**Annual Report for the year: 2020**  
**Corporation**

FEB 24 2020  
 BY 9/28/20 DS

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>150982</b>		2. Exact name of the Corporation <b>Edgewood Liquors, Inc.</b>			
3. Principal Office Address <b>1551 Centreville Road</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>44-45</b> <i>445310</i>		6. Brief description of the character of business conducted in Rhode Island <b>Retail liquors sales</b>			
5. State of Incorporation <b>RI</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>Geoffrey E. Rousselle</b>			Vice-President Name <b>Roger H. Rousselle</b>		
Street Address <b>79 Lenox Avenue</b>			Street Address <b>40 Archer Street</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>Bellingham</b>	State <b>MA</b>	Zip <b>02019</b>
Secretary Name <b>Geoffrey E. Rousselle</b>			Treasurer Name <b>Geoffrey E. Rousselle</b>		
Street Address <b>79 Lenox Avenue</b>			Street Address <b>79 Lenox Avenue</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</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 <b>Geoffrey E. Rousselle</b>			Director Name <b>Roger H. Rousselle</b>		
Street Address <b>79 Lenox Avenue</b>			Street Address <b>40 Archer Street</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>Bellingham</b>	State <b>MA</b>	Zip <b>02019</b>
Director Name <b>Andrea J. Rousselle</b>			Director Name		
Street Address <b>79 Lenox Avenue</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/CLASS	PAR VALUE
		<b>200</b>		<b>Common</b>	<b>No par value</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. <b>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.</b>					
Name of Authorized Representative <b>Geoffrey E. Rousselle</b>					Date <b>2/14/20</b>
Signature of Authorized Representative 					

MAIL TO:  
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 Website: www.sos.ri.gov