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BUS SVCS DIV

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

2020 FEB 25 A 10:01

Corporation

→ 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 000085673		2. Exact name of the Corporation MADEIRA LIQUORS, LTD.			
3. Principal Office Address 174 Ives Street		City Providence		State RI	Zip 02906
4. NAICS Code 445310	6. Brief description of the character of business conducted in Rhode Island To own and operate a business for the sale of beer, liquor, wine and other related items to the general public.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Diane P. Ascencao			Vice-President Name Leslie A. Reynolds		
Street Address 276 West Avenue			Street Address 276 West Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Justina D. Ascencao			Treasurer Name Joseph Ascencao		
Street Address 276 West Avenue			Street Address 276 West Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Justina D. Ascencao			Director Name None		
Street Address 276 West Avenue			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Director Name None			Director Name None		
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		
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 Diane P. Ascencao					Date 1/15/20
Signature of Authorized Representative Diane P. Ascencao					

EVEN DOCUMENT FILED

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

FEB 25 2020

BY **CA CK 2544**

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FORM 630 - Revised: 10/2017