



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.

FILEDSTAMP

MAR 02 2020

BY 8273 DS

1. Entity ID Number 001688661		2. Exact name of the Corporation Em's Liquor Store, Inc.			
3. Principal Office Address 1375 Park Avenue, Unit 2			City Cranston	State RI	Zip 02920
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Operation of a liquor store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Chad E. Kelliher			Vice-President Name Susan A. Kelliher		
Street Address 110 Aspinet Drive			Street Address 73 Trent Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02889
Secretary Name Chad E. Kelliher			Treasurer Name Chad E. Kelliher		
Street Address 110 Aspinet Drive			Street Address 110 Aspinet Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Chad E. Kelliher			Director Name Susan A. Kelliher		
Street Address 110 Aspinet Drive			Street Address 73 Trent Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02889
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. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100	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 Chad E. Kelliher				Date 2/20/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	