RI SOS Filing Number: 202035951450 Date: 3/5/2020 4:00:00 PM

RECEIVED
R.I. DEPT OF STATE
CORPS DIV
2020 MAR -5 P 2:24

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.

1. Entity ID Number	2. Exact name of the Corporation			
48041	Redbird Liquor Store, Inc.			
3. Principal Office Address		City	State	Zip
P.O. Box 550		New Shoreham	RI	02807
4. NAICS Code 445310 ~~44-45 - Retail Trade~~	6. Brief description of the character of business conducted in Rhode Island			
	Sale of alcohol and malt beverages			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Caroline L. Todd			Vice-President Name Caroline L. Todd		
Street Address P.O. Box 550			Street Address P.O. Box 550		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
Secretary Name Caroline L. Todd			Treasurer Name Caroline L. Todd		
Street Address P.O. Box 550			Street Address P.O. Box 550		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	200	Common	no par
Changes require an additional filing.			

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	Date

Signature of Authorized Representative: Caroline L. Todd

SOS USE ONLY **FILED**

MAR 05 2020

BY CM CK 1381
2:24

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

FORM 630 - Revised: 10/2017