



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020 12:38

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 790092		2. Exact name of the Corporation Vineyard, Inc. (424820)	
3. Principal office address 89 Valley St.		City E. Providence	State RI
4. Business Phone No. 401-529-9463		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Import + Wholesale sales of Alcoholic Beverages, Beer, Wine, Spirits			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name James Moore		Vice-President Name Michael Kern	
Street Address PO Box 54, 160 Bay State Rd.		Street Address PO Box 54	
City Rehoboth	State MA	City Rehoboth	State MA
Zip 02769		Zip 02769	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name James Moore		Director Name Michael Kern	
Street Address PO Box 54, 160 Bay State Rd.		Street Address PO Box 54	
City Rehoboth	State MA	City Rehoboth	State MA
Zip 02769		Zip 02769	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		None	
		PAR VALUE	

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.

File Date _____
 Check No _____
 By: _____

FILED

MAR 13 2020

FOR SECRETARY OF STATE USE ONLY

BY J. ROK2H
 12:38

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.

Signature of Authorized Representative: James H. Moore 3/13/20
 Date

Print or Type Name of Authorized Representative: James H. Moore