



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.

FILED

MAR 30 2020

20704

1. Entity ID Number 8534		2. Exact name of the Corporation CLIFT'S LIQUORS, INC.			
3. Principal Office Address 191 Willett Avenue		City East Providence		State RI	Zip 02915
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Operating a liquor store			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Howard J. Clift, Jr.			Vice-President Name None		
Street Address 191 Willett Avenue			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Secretary Name Howard J. Clift, Jr.			Treasurer Name Howard J. Clift, Jr.		
Street Address 191 Willett Avenue			Street Address 191 Willett Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Howard J. Clift, Jr.			Director Name		
Street Address 191 Willett Avenue			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
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		
			500 Common No 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 Howard J. Clift, Jr.				Date 3/24/2020	
Signature of Authorized Representative <i>Howard J. Clift Jr.</i>				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov