



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

MAY 27 2020

BY 1174

1. Entity ID Number 137518		2. Exact name of the Corporation United Independent Liquor Retailers Association of RI, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote and represent the common business interest of and improve business conditions among members of the independent liquor industry.			
4. NAICS Code 813910 - Business Associati					
6. Principal Office Address 56 Exchange Terrace, 5th Floor		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Elliott N. Fishbein			Vice-President Name Ronald McGreen		
Street Address 179 Newport Avenue			Street Address 1086 Willett Avenue		
City Rumford	State RI	Zip 02916	City East Providence	State RI	Zip 02915
Secretary Name Jane E. Costanza			Treasurer Name Thomas F. Saccoccia		
Street Address 667 Kingstown Road			Street Address 2069 Smith Street		
City Wakefield	State RI	Zip 02879	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Elliott N. Fishbein			Director Name Ronald McGreen		
Street Address 179 Newport Avenue			Street Address 1086 Willett Avenue		
City Rumford	State RI	Zip 02916	City East Providence	State RI	Zip 02915
Director Name Jane E. Costanza			Director Name Thomas F. Saccoccia		
Street Address 667 Kingstown Road			Street Address 2069 Smith Street		
City Wakefield	State RI	Zip 02879	City North Providence	State RI	Zip 02911
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Jane E. Costanza				Date 5/5/2020	
Signature of Officer/Authorized Representative <i>Jane E. Costanza</i>					

MAIL TO:
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