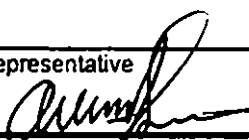




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000704971		2. Exact name of the Corporation AMS Lincoln, Inc.			
3. Principal Office Address 503 Chestnut Hill Road			City Chepachet	State RI	Zip 02814
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Beer, Wine and Liquor Store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Albert Sinclair			Vice-President Name Albert Sinclair		
Street Address 503 Chestnut Hill Road			Street Address 503 Chestnut Hill Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Albert Sinclair			Treasurer Name Albert Sinclair		
Street Address 503 Chestnut Hill Road			Street Address 503 Chestnut Hill Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Albert Sinclair			Director Name		
Street Address 503 Chestnut Hill Road			Street Address		
City Chepachet	State RI	Zip 02814	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 ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		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 Albert Sinclair				Date 9/30/20	
Signature of Authorized Representative 				SIGN DOCUMENT HERE OCT 06 2020 KM	