	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. 001042032			
2. Exact Name of the Limited Liability Company <u>FP SPIRITS, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>722513</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduc	ted in Rhode Island
<u>OWN, MANAGE AND ACTIVITY</u>	MAINTAIN A LOUNGE/RESTA	URANT AND ANY	Y OTHER LAWFUL
5. Principal Office Addre	SS		
	BOX 856 ST GREENWICH State: E	<u>I</u> Zip: <u>02818</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact	Person:
Contact Name: Contact			
	<u>BOX 856</u> ST GREENWICH State: <u>F</u>	<u>l</u> Zip: <u>02818</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Ad	dress
		Address, City or Town	, State, Zip Code, Country
MANAGER	GER WILLIAM DISTEFANO PO BOX 856 EAST GREENWICH, RI 02818 USA		

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID CAMPANELLA, ESQ. 220 WEST EXCHANGE STREET, SUITE 101 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 15 Day of October, 2020 at 1:55:22 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>WILLIAM DISTEFANO JR</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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