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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

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.	2. Exact name of the Corporation
000037738 / 000037383	A & T CASALI LIQUORS INC

3. Principal office address	City	State	Zip
ALBERT CASALI	CRANSTON	RI	02920

4. Business Phone No.	5. State of Incorporation
401 943 4882	RI

6. Brief description of the character of business conducted in Rhode Island
RETAIL LIQUOR (445310)

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
THOMAS CASALI	ALBERT CASALI JR
Street Address: 33 PHENIX RIDGE	Street Address: 41 LARKSPUR RD
City: CRANSTON / State: RI / Zip: 02920	City: CRANSTON / State: RI / Zip: 02920
Secretary Name	**Treasurer Name**
MICHAEL CASALI	ALBERT CASALI SR
Street Address: 822 SCHUASIE AVE	Street Address: 66 EAST BELAIR RD
City: CRANSTON / State: RI / Zip: 02920	City: CRANSTON / State: RI / Zip: 02920

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
THOMAS CASALI	
Street Address: 33 PHENIX RIDGE	Street Address:
City: CRANSTON / State: RI / Zip: 02920	City: / State: / Zip:
Director Name: ALBERT CASALI	Director Name:
Street Address: 66 EAST BELAIR RI	Street Address:
City: CRANSTON / State: RI / Zip: 02920	City: / State: / Zip:

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	PAR VALUE
	100	COMMON	-0-

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: _____

FOR SECRETARY OF STATE USE ONLY

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.

Albert Casali Jr. 1/5/21
Signature of Authorized Representative — Date

Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012