



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

Annual Report for the year: **2021**
 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

JAN 12 2021

BY

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DS

1. Entity ID Number 21179		2. Exact name of the Corporation POST ROAD LIQUOR MART, INC.			
3. Principal Office Address 6800 Post Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Retail liquor sales			
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 Nicholas A. Fede III			Vice-President Name Frank P. Fede		
Street Address 6800 Post Road			Street Address 6800 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Nicholas A. Fede III			Treasurer Name Frank P. Fede		
Street Address 6800 Post Road			Street Address 6800 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nicholas A. Fede III			Director Name Frank P. Fede		
Street Address 6800 Post Road			Street Address 6800 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		75		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 Nicholas A. Fede III <i>Nicholas A Fede III</i>					Date 1/6/21
Signature of Authorized Representative <i>Nicholas A Fede III</i>					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov