



State of Rhode Island

## 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 25 2021

BY

1804

1. Entity ID Number 001699041		2. Exact name of the Corporation URBAN WINE & SPIRITS, INC.												
3. Principal Office Address 650 Branch Avenue			City Providence	State RI	Zip 02904									
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Operation of a retail liquor store.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Priscilla Reay			Vice-President Name Priscilla Reay											
Street Address 650 Branch Avenue			Street Address 650 Branch Avenue											
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904									
Secretary Name Priscilla Reay			Treasurer Name Priscilla Reay											
Street Address 650 Branch Avenue			Street Address 650 Branch Avenue											
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name Priscilla Reay			Director Name None											
Street Address 650 Branch Avenue			Street Address											
City Providence	State RI	Zip 02904	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	common	no par value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	common	no par value												
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. <b>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.</b>														
Name of Authorized Representative Priscilla Reay				Date 1/10/2021										
Signature of Authorized Representative 														

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