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.

2021 FEB -4 AM 9:32 RECEIVED STATE DIV. CORPORATIONS

1. Entity ID Number	2. Exact name of the Corporation			
001679769	PBL, Inc.			
3. Principal Office Address		City	State	Zip
520 High Street		Wakefield	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445310	Retail Sales of Liquor			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Joseph V. Paglia	39 Thayer Avenue	Narragansett	RI	02882

Vice-President Name	Street Address	City	State	Zip
John J. Paglia	33 Carver Lane	Narragansett	RI	02882

Secretary Name	Street Address	City	State	Zip
John J. Paglia	33 Carver Lane	Narragansett	RI	02882

Treasurer Name	Street Address	City	State	Zip
Joseph V. Paglia	39 Thayer Avenue	Narragansett	RI	02882

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1,000	Common	No Par
Changes require an additional filing.			

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	Date
Joseph V. Paglia	1/27/21

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED
FEB 4 2021
BY 9:30

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

FORM 630 - Revised: 10/2017