



RI SOS Filing Number: 202190342100 Date: 2/5/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

FILED

STAMP

FEB 05 2021

BY

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 5886		2. Exact name of the Corporation Ferreira's Package Store		
3. Principal Office Address 1965 East Main Road		City Portsmouth		State RI
		Zip 02871		
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Retail sale of liquor		
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 Leonard J. Ferreira		Vice-President Name Leonard J. Ferreira		
Street Address 77 Ferreira Terrace		Street Address 77 Ferreira Terrace		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI
Secretary Name Geraldine Smith		Treasurer Name Arlene M. Rego		
Street Address 44 Fairview Avenue		Street Address 11 Acorn Lane		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		300	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 <i>Arlene Rego</i>			Date 1-30-21	
Signature of Authorized Representative <i>Arlene Rego</i>				

MAIL TO:
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