RISOS F	iling Number: 2	02190362360	Date: 2/5/2021 4	:00:00 PM			
Mors	f State - Busine	ess Services	Division	FILE			
Annual Report for the year: 2021  Corporation  → Filing period: January 1 - March 1			- 8v 50452				
→ Filing Fee: \$50.00 → Penalty: Additional \$25		ot filed by April 1.			(2)		
1. Entity ID Number 15398	2. Exact nam Wakefield Li	e of the Corporation	on			-	
3. Principal Office Address 667 Kingstown Road			City Wakefield	State RI	Žip 02879	_	
4. NAICS Code 445310  5. State of Incorporation Rhode Island		Brief description of the character of business conducted in Rhode Island  Retail Liquor Store.					
7. List ALL officers (names and addresses) President Name Jane E. Costanza			Vice-President Name Jane E. Costanza				
Street Address 667 Kingstown Road			Street Address same as above				
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	City	State	Zip		
Secretary Name Jane E. Costanza			Treasurer Name Jane E. Costanza				
Street Address same as above			Street Address same as above				
City	State	Zip	City	State	Zip	_	
8. List ALL directors (names a Director Name Jane E. Costan			Director Name	Check the box to indi	cate an attachment	<u>「</u>	
Street Address same as above			Street Address	Street Address			

City	State	Zip	City	s	tate Zip	
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		1,000		common	no par value	
			······································	<del> </del>		
	e executed on behalf of the		•	•	on is in the hands of a receiver or	

Director Name

Street Address

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.

State

Žip

Name of Authorized Representative

Jane E. Costanza, President

Signature of Authorized Representative

ane

City

Director Name

Street Address

MAIL To: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov State

Zip