	State		
	Dep		

of Rhode Island

## artment of State - Business Services Division

2021

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number	2. Exact name of the Corporation  CENTREDALE LIGUOR STORE, INC.								
3908	CENTR	EDALE L	100015 210	ice, inc					
3. Principal Office Address			City	_	State	Zip			
2069 SMITH			<u> </u>	PROVIDENCE	L	11960			
•	4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
445310	RETAIL PACKAGE STORE								
5. State of Incorporation	<b>1</b>								
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7. List ALL officers (names and add President Name	dresses)				e box to indic	ate an attachment 🔲			
Thomas F-	MAS F- SACCOCCIA			Vice-President Name					
Street Address 6 GREEN BI	RIER RE		Street Address			***			
City GREENVILLE	State (2.1	Zip 0787-8	City		State	Zip			
Secretary Name	Treasurer Name				<u> </u>				
Street Address			Street Address						
City	State	Zip	City		State	Zip			
8. List ALL directors (names and ac	dresses)	<u></u>	<u> </u>	Check th	L ne bax to indic	ate an attachment			
Director Name Thomas F. Saccoccia Director Name					an anasmism a				
Street Address 6 GREENBRIER RD		Street Address							
City GREENVILLE	State R1	Zip 02-83-8	City		State	Zip			
Disaste No.				rector Name					
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized	<u></u>	10. Shares Issue	<u></u>	Check th	e boy to indic	ate an attachment			
This information is currently of recor	d in the	NUMBER OF S		CLASS/SERIES	e box to indica	PAR VALUE			
Department of State.  Changes require an additional filing.		100		Common Hof		NO PAR			
				204-7-104-		1,00			
11. This report must be executed or	n behalf of the cor	Doration by an au	thorized represen	ntative. If the corners	tion is in the h	ands of a sonaives es			
trustee, this report must be execute	<u>id on behalf of the</u>	corporation by the	e receiver or trus	tee.					
Under penalty of perjury, I declar	e and affirm that	I have examined	this report, inc	luding any accomp	anying sched	fules and			
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date									
Thomas F. S'ACCOCCIA PRESIDENT			J-1-2021						
Signature of Authorized Representative									
Thomas & Saccocca									
MAIL TO:									