



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.

**FILED STAMP**  
**FEB 17 2021**  
BY 1404B

1. Entity ID Number <b>40981</b>		2. Exact name of the Corporation <b>Oaklawn Discount Liquors, Inc.</b>			
3. Principal Office Address <b>985 Oaklawn Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>445310</b>		6. Brief description of the character of business conducted in Rhode Island <b>retail liquor store</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) - Check the box to indicate an attachment <input type="checkbox"/>					
President Name <b>Robert J. Gasbarro</b>			Vice-President Name <b>Kathleen Gasbarro Champagne</b>		
Street Address <b>44 Briarbrook Lane</b>			Street Address <b>51 Pheasant Hill Lane</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Kathleen Gasbarro Champagne</b>			Treasurer Name <b>Robert J. Gasbarro</b>		
Street Address <b>51 Pheasant Hill Lane</b>			Street Address <b>44 Briarbrook Lane</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
8. List ALL directors (names and addresses) - Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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 - Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>common</b>	PAR VALUE <b>no par</b>
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 <b>Robert J. Gasbarro, President</b>					Date
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:  
Division of Business Services  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)