



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 40981		2. Exact name of the Corporation Oaklawn Discount Liquors, Inc.			
3. Principal Office Address 985 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island retail liquor store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. Gasbarro			Vice-President Name Kathleen Gasbarro Champagne		
Street Address 44 Briarbrook Lane			Street Address 51 Pheasant Hill Lane		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
Secretary Name Kathleen Gasbarro Champagne			Treasurer Name Robert J. Gasbarro		
Street Address 51 Pheasant Hill Lane			Street Address 44 Briarbrook Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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	CLASS/SERIES	PAR VALUE
			100	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 Robert J. Gasbarro, President					Date
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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