



State of Rhode Island Filing Number: 202192612580 Date: 2/22/2021 4:00:00 PM

Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 22 2021

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

BY 205

1. Entity ID Number 704971		2. Exact name of the Corporation AMSLincoln, Inc.			
3. Principal Office Address 503 Chestnut Hill Road		City Chepachet		State RI	Zip 02814
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Beer, Wine and 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 Albert Sndair			Vice-President Name Albert Sndair		
Street Address 503 Chestnut Hill Road			Street Address 503 Chestnut Hill Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Albert Sndair			Treasurer Name Albert Sndair		
Street Address 503 Chestnut Hill Road			Street Address 503 Chestnut Hill Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Albert Sndair			Director Name		
Street Address 503 Chestnut Hill Road			Street Address		
City Chepachet	State RI	Zip 02814	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 Albert Sndair				Date 2-17-21	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov