



State of Rhode Island

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

FEB 22 2021

BY

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 ☐					
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 ☐					
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			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		
			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
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov