RI SOS Filing Number: 202192800590 Date: 2/24/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 24 2021
B: 1183-08

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.

1. Entity ID Number	2. Exact name of the Corporation		
64065	Quisqueya Liquors, Inc.		
3. Principal Office Address	City	State	Zip
1266 Broad Street	Providence	RI	02905
4. NAICS Code: 445310	6. Brief description of the character of business conducted in Rhode Island: Retail sale of alcoholic and non-alcoholic beverages and related items		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Juan Ramos			Vice-President Name: Juan Ramos		
Street Address: 93 Toronto Avenue			Street Address: 93 Toronto Avenue		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02905
Secretary Name: David Ramos			Treasurer Name: Juan Ramos		
Street Address: 13 Longfellow Terrace			Street Address: 93 Toronto Avenue		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02905

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			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 — 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	PAR VALUE
135	Common	None

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	Date
Juan Ramos	1/25/21

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