



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 FEB 26 AM 8:32

1. Entity ID Number 000812239		2. Exact name of the Corporation FERNANDEZ SQUARE LIQUORS INC			
3. Principal Office Address 342 BROAD STREET			City PROVIDENCE	State RI	Zip 02904
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUOR SALES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name FRANDY FERNANDEZ			Vice-President Name JULIE FERNANDEZ		
Street Address 342 BROAD STREET			Street Address 342 BROAD STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Secretary Name FRANDY FERNANDEZ			Treasurer Name FRANDY FERNANDEZ		
Street Address 342 BROAD STREET			Street Address 342 BROAD STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE \$0.00
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 FRANDY FERNANDEZ				Date 2-4-2021	
Signature of Authorized Representative 					

FILED

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