State of Rhode Island
Department of State - Business Services Division

FILED
FEB 26 2021
BY

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
1707000	MAMM LIQUORS, INC.

3. Principal Office Address	City	State	Zip
275 BROAD STREET	CUMBERLAND	RI	02864

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445310	LIQUOR STORE
5. State of Incorporation: RHODE ISLAND	

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

President Name: MARGARET MAURICE			Vice-President Name: ALBERTINA MATOS		
Street Address: 225 SHADY HILL DRIVE			Street Address: 5 VALLEY STREET		
City: EAST GREENWICH	State: RI	Zip: 02818	City: CUMBERLAND	State: RI	Zip: 02864
Secretary Name: MARGARET MAURICE			Treasurer Name: ALBERTINA MATOS		
Street Address: 225 SHADY HILL DRIVE			Street Address: 5 VALLEY STREET		
City: EAST GREENWICH	State: RI	Zip: 02818	City: CUMBERLAND	State: RI	Zip: 02864

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
10,000		

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
MARGARET MAURICE, PRESIDENT	2/21/2021

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

FORM 630 - Revised: 08/2020