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 | Vice-President Name |
|---|---|
| MARGARET MAURICE | 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

**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 ☐

| 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**