



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

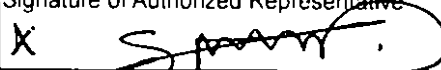
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2021 MAR -3 AM 11:36

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 588245		2. Exact name of the Corporation FEDERAL HILL WINE & SPIRITS INC.			
3. Principal Office Address 125 ATWELLS AVENUE		City PROVIDENCE		State RI	Zip 02903
4. NAICS Code 445310	6. Brief description of the character of business conducted in Rhode Island LIQUOR STORE				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MEHMET AKBAS			Vice-President Name SAM BROWN		
Street Address 1 WINSOR STREET			Street Address 82 WINTER STREET		
City GREENVILLE	State RI	Zip 02828	City WOONSOCKET	State RI	Zip 02895
Secretary Name MEHMET AKBAS			Treasurer Name SAM BROWN		
Street Address 1 WINSOR STREET			Street Address 82 WINTER STREET		
City GREENVILLE	State RI	Zip 02828	City WOONSOCKET	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES			
		CLASS/SERIES		PAR VALUE	
		200		.01	
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 SAM BROWN					Date 02/15/21
Signature of Authorized Representative 					SIGN DOCUMENT HERE MAR 3 2021

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
BY BDPGJ
11:36