



State of Rhode Island

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.

FILED

MAR 9 5 2021

BY

1. Entity ID Number 000158444		2. Exact name of the Corporation VANDELAY LIQUORS, INC.			
3. Principal Office Address 616 GEORGE WASHINGTON HIGHWAY			City LINCOLN	State RI	Zip 02865
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 ☐
President Name KENT MAURICE			Vice-President Name NONE		
Street Address 225 SHADY HILL DRIVE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name KENT MAURICE			Treasurer Name KENT MAURICE		
Street Address 225 SHADY HILL DRIVE			Street Address 225 SHADY HILL DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
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
			100	CNP	NO PAR VALUE
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 KENT MAURICE					Date 01/18/2021
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