RI SOS Filing Number: 202193667750 Date: 3/5/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

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BY: 1949

## 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 |
|---|---|
| 000082761 | One-Stop Liquors, Inc. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 97 Railroad Street | Manville | RI | 02838 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 445310 | To sell various forms of Alcoholic Beverages |
| 5. State of Incorporation: Rhode Island | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: Necati Yuzbasioglu | | | Vice-President Name: | | |
| Street Address: 3 Joyce Ann Drive | | | Street Address: | | |
| City: Manville | State: RI | Zip: 02838 | City: | State: | Zip: |
| Secretary Name: Necati Yuzbasioglu | | | Treasurer Name: Necati Yuzbasioglu | | |
| Street Address: 3 Joyce Ann Drive | | | Street Address: 3 Joyce Ann Drive | | |
| City: Manville | State: RI | Zip: 02838 | City: Manville | State: RI | Zip: 02838 |

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 | Common | 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 | Date |
|---|---|
| Necati Yuzbasioglu | Feb 25 - 2021 |

Signature of Authorized Representative: X [signature] SIGN DOCUMENT HERE

**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: 10/2017**