

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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DECKETABLY OF STATE USE OBLY

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 nam	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	7							
Rhode Island								
7. List ALL officers (names and ac	dresses)			Check	the box to ir	idicate an attachment 🔲		
President Name Necati Yuzbasiog	dent 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 Yuzbasiog	retary Name Necati Yuzbasioglu			Treasurer Name Necati Yuzbasioglu				
Street Address 3 Joyce Ann Drive		Street Address 3 Joyce Ann Drive						
City Manville	State RI	^{Z_{ip}} 02838	City Manville		State RI	^{Zip} 02838		
8. List ALL directors (names and	addresses)		*	Check	the box to it	ndicate an attachment		
Director Name			Director Name					
Street Address		Street Address						
Street Address			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	1	10. Shares Issued		Check	Check the box to indicate an attachment			
This information is currently of record in the Department of State.								
		100	100		Common No			
Changes require an additional filin	g.							
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						1		
Necati Yuzbasioglu					Feb	25-202		
Signature of Authorized Representative SIGN DOCUMENT HERE								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Phone: (401) 222-3040 Website: www.sos.ri.gov