RI SOS Filing Number: 202193916010 Date: 3/12/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

MAR 12 2021 STAMP
BY 12055 DS

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		
95859	Fox Point Wine & Spirits, Inc.		
3. Principal Office Address	City	State	Zip
84 Cutler Street	Warren	RI	02885
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
424820	Purchase and sale of wine, beer and spirits and to conduct a wholesale distributorship of such		
5. State of Incorporation			
RI			

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

President Name: Antonio Seabra			Vice-President Name: Anthony Seabra		
Street Address: 574 Ferry Street			Street Address: 574 Ferry Street		
City: Newark	State: NJ	Zip: 07105	City: Newark	State: NJ	Zip: 07105
Secretary Name: Antonio Seabra			Treasurer Name: Antonio Seabra		
Street Address: 574 Ferry Street			Street Address: 574 Ferry Street		
City: Newark	State: NJ	Zip: 07105	City: Newark	State: NJ	Zip: 07105

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

Director Name: Antonio Seabra			Director Name		
Street Address: 574 Ferry Street			Street Address		
City: Newark	State: NJ	Zip: 07105	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
500	Common	No Par

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
Antonio Seabra	03/04/2021
Signature of Authorized Representative: Antonio Seabra	

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