

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2021

Corporation ——————			<del>_</del>		i MAK	L / ZUZI	
<ul> <li>→ Filing period: January</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25</li> </ul>		ot filed by April 1.		į	3Y.	1583	
Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
16017		McGreen's Fine Wine & Spirits, Inc.					
3. Principal Office Address	<u> </u>		City		State	Zip	
1086 Willett Avenue			East Providence		RI	02915	
I. NAICS Code	6. Bnef descr	iption of the charac	acter of business conducted in Rhode Island				
445310	Operating a	Operating a retail liquor store.					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names an	d addresses)	•		Check	the box to in	dicate an attachment	
President Name Ronald E. Mc	Vice-President Name None						
Street Address 1086 Willett Av	Street Address						
City East Providence	State RI	<sup>Zip</sup> 02915	City		State	Zip	
Secretary Name Ronald E. McGreen			Treasurer Name Ronald E. McGreen				
Street Address 1086 Willett Av	venue		Street Address	1086 Willett Aven	ue		
City East Providence	State RI	<sup>Zip</sup> 02915	City East Providence		State RI	<sup>Zip</sup> 02915	
<ol><li>List ALL directors (names a</li></ol>	and addresses)	•		Check	k the box to in	idicate an attachment [	
Director Name Ronald E. McG	Green		Director Name				
Street Address 1086 Willett Av	venue		Street Address				
City East Providence	State RI	<sup>Zlp</sup> 02915	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
		10. Shares Is:				idicate an attachment [	
This Information is currently of record in the Department of State. Changes require an additional filling.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
11. This report must be execu	<u>kecuted on behalf of</u>	the corporation by	the receiver or tru	stee.			
Under penalty of perjury, I described all statements and that all statements.				cluding any acco	mpanying so	chedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date		
Ronald E. McGreen					March 8, 2021		

SIGN DOCUMENT HERE

MAIL TO:

**Division of Business Services** 

Signature of Authorized Representative

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

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