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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAR 22 2021
BY 27601

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
518139	609 Main Street Liquors, Inc.

3. Principal Office Address	City	State	Zip
609 Main Street	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445310	Retail liquor store
5. State of Incorporation	
Rhode Island	

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

President Name	Street Address	City	State	Zip
Robert J. McGreen	43 Beach Park Avenue	Warwick	RI	02886

Vice-President Name	Street Address	City	State	Zip
Patricia E. Wegrzyn	43 Beach Park Avenue	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
Patricia E. Wegrzyn	43 Beach Park Avenue	Warwick	RI	02886

Treasurer Name	Street Address	City	State	Zip
Robert J. McGreen	43 Beach Park Avenue	Warwick	RI	02886

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

Director Name	Street Address	City	State	Zip
n/a				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This Information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	Common	$1.00

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
Robert J. McGreen	3/8/21

Signature of Authorized Representative: 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