



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

Annual Report for the year: 2021
 Corporation

FILED

MAR 24 2021

BY *[Signature]*

- 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 140017		2. Exact name of the Corporation NAWEE LIQUORS, INC.			
3. Principal Office Address 346 ARMISTICE BLVD.			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUOR STORE			
5. State of Incorporation RHODE ISLAND		Check the box to indicate an attachment <input type="checkbox"/>			
7. List ALL officers (names and addresses)					
President Name NAWEE K. HENG			Vice-President Name NAWEE K. HENG		
Street Address 194 BURNSIDE AVENUE			Street Address SAME		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Secretary Name NAWEE K. HENG			Treasurer Name NAWEE K. HENG		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
Director Name NAWEE K. HENG			Director Name		
Street Address SAME			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES		PAR VALUE
			100	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 NAWEE HENG, PRESIDENT					Date 03-22-21
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE

MAIL TO:
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 Website: www.sos.ri.gov