



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

FILED

MAR 29 2021

BY A 5603

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 75922		2. Exact name of the Corporation RJ'S HILL LIQUORS, INC.			
3. Principal Office Address 820 Cumberland Hill Road		City Woonsocket		State RI	Zip 02895
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island To own, manage and operate a liquor store and to buy, sell, and deal in liquor and beverages.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kristine M. Lambert			Vice-President Name None		
Street Address 820 Cumberland Hill Road			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Kristine M. Lambert			Treasurer Name Kristine M. Lambert		
Street Address 820 Cumberland Hill Road			Street Address 820 Cumberland Hill Road		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kristine M. Lambert			Director Name		
Street Address 820 Cumberland Hill Road			Street Address		
City Woonsocket	State RI	Zip 02895	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	No Par Value
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 Kristine M. Lambert, President					Date 3.19.2021
Signature of Authorized Representative <i>Kristine M Lambert, President</i> SIGN DOCUMENT HERE					

MAIL TO:
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