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State of Rhode Island

Department of State -	Business	Services	Division
Annual Report for the year:	2021		

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

→ Penalty: Additional \$25	.00 fee if form is no	ot filed by April 1.		2021 AP	R - 1 <u>A</u>	li: 08			
Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
691144	Atwells Win	Atwells Wine & Spirits, Inc.							
3. Principal Office Address			City		State	Zip			
361 Atwells Ave			Providence		RI	02903			
4. NAICS Code	6. Brief desc	ription of the charac	cter of business c	onducted in Rhode Is	land				
445310	To Operate	To Operate a Liquor Store							
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names an	d addresses)		· · · · · · · · · · · · · · · · · · ·	Check t	he box to in	ndicate an attachment			
President Name Salvatore Eacuello Jr			Vice-President Name Salvatore Eacuello Jr						
Street Address 361 Atwells Ave			Street Address 361 Atwells Ave						
City Providence	State RI	^{Zip} 02903	City Providence		State RI	^{Zip} 02903			
Secretary Name Salvatore Eacuello Jr			Treasurer Name Salvatore Eacuello Jt						
Street Address 361 Atwells Ave		Street Address 361 Atwells Ave							
City Providence	State RI	Zip ₀₂₉₀₃	City Providence		State RI	^{Zip} 02903			
8. List ALL directors (names a	ınd addresses)			Check t	the box to i	ndicate an attachment			
Director Name			Director Name	•					
Street Address		Street Address							
City	State	Zip	City		State	Zip			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Is	sued	Check the box to indicate an attachment					
This information is currently of	record in the		OF SHARES	CLASS/SERIES		PAR VALUE			
Department of State. Changes require an additional filing.		200		Common Stock		\$.01			
onanges require an additional	у.								
11. This report must be executrustee, this report must be ex					ration 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 state Name of Authorized Represer		l herein are true a	nd correct.		Date				
Salvatore Eacuello, Jr.					02-15-2021				
Signature of Authorized Representative ()									
	A C	loder	APR 04 202	cull-					

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