RI SOS Filing Number: 202197789890 Date: 6/2/2021 4:00:00 PM

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
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
JUN 02 2021
10332

1. Entity ID Number	2. Exact name of the Corporation
10332	1776 LIQUORS LTD

3. Principal Office Address	City	State	Zip
597 METACOM AVE	BRISTOL	RI	02809

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: JOSEPH M BRITO JR			Vice-President Name:		
Street Address: 99 TUPELO STREET			Street Address:		
City: BRISTOL	State: RI	Zip: 02809	City:	State:	Zip:
Secretary Name: JOSEPH M BRITO JR			Treasurer Name: JOSEPH M BRITO JR		
Street Address: 99 TUPELO STREET			Street Address: 99 TUPELO STREET		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809

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

Director Name: JOSEPH M BRITO JR			Director Name:		
Street Address: 99 TUPELO STREET			Street Address:		
City: BRISTOL	State: RI	Zip: 02809	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	COMMON	0

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
JOSEPH M BRITO JR	05/28/2021

Signature of Authorized Representative: Joseph M. Brito, Jr.

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