



State of Rhode Island
Department of State - Business Services Division

FILED

JUN 17 2021

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Annual Report for the year: **2021**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 137518		2. Exact name of the Corporation United Independent Liquor Retailers Association of RI, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote and represent the common business interest of and improve business conditions among members of the independent liquor industry.			
4. NAICS Code 813910 - Business Associations					
6. Principal Office Address 56 Exchange Terrace, 5th Floor		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elliott N. Fishbein		Vice-President Name Ronald McGreen			
Street Address 179 Newport Avenue		Street Address 1086 Willett Avenue			
City Rumford	State RI	Zip 02916	City East Providence	State RI	Zip 02915
Secretary Name Jane E. Costanza		Treasurer Name Jane E. Costanza			
Street Address 667 Kingstown Road		Street Address 667 Kingstown Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elliott N. Fishbein		Director Name Ronald McGreen			
Street Address 179 Newport Avenue		Street Address 1086 Willett Avenue			
City Rumford	State RI	Zip 02916	City East Providence	State RI	Zip 02915
Director Name Jane E. Costanza		Director Name			
Street Address 667 Kingstown Road		Street Address			
City Wakefield	State RI	Zip 02879	City	State	Zip
9 The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Jane E. Costanza				Date 6-4-2021	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov