



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020  
Corporation

- Filing period January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
STATE  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 JUL 22 P 2:31

1 Entry ID Number <b>001009765</b>		2 Exact name of the Corporation <b>Atlantic Importing and Distributing Company of Rhode Island, Inc</b>			
3 Principal Office Address 45 Industrial Road Suite 206		City Cumberland	State RI	Zip 02864	
4 NAICS Code 424610	5 Brief description of the character of business conducted in Rhode Island Wholesale Distribution of Alcoholic Beverages				
5 State of Incorporation RI					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Sean Siegal		Vice-President Name			
Street Address 350 Hopping Brook Road		Street Address			
City Holliston	State MA	Zip 01745	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
6 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS SERIES	PAR VALUE
		100	A	1.00	
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. <i>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>					
Name of Authorized Representative Jon Halpin				Date 6/15/2021	
Signature of Authorized Representative 					

**FILED**

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2818  
Phone: (401) 227-3040  
Website: www.sos.ri.gov

JUL 22 2021  
FORM 315  
BY 0644P  
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