



State of Rhode Island
 Department of State - Business Services Division

RI DEPT OF STATE
 BUS SVCS DIV

**Annual Report for the year: 2021
 Corporation**

2021 NOV -2 AM 10:20

- 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 000796973		2. Exact name of the Corporation CHAMPS LIQUORS FOR KEWAY, INC			
3. Principal Office Address 481 CLINTON STREET			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUOR SALES			
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 WILLIAM JAMES ALLEN III			Vice-President Name CLAIRE DENISE ALLEN		
Street Address 481 CLINTON STREET			Street Address 481 CLINTON STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WILLIAM JAMES ALLEN III			Director Name CLAIRE DENISE ALLEN		
Street Address 481 CLINTON STREET			Street Address 481 CLINTON STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		10000	CWP	0 01	
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 CLAIRE DENISE ALLEN					Date 11/2/2021
Signature of Authorized Representative <i>Claire Allen</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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