



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.

1. Entity ID Number 001709898		2. Exact name of the Corporation Northern RI Liquor Warehouse, Inc.			
3. Principal Office Address 296 George Washington Highway		City Smithfield		State RI	Zip 02917
4. NAICS Code 445310	6. Brief description of the character of business conducted in Rhode Island Retail liquor sales and engagement in any lawful business.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Richard J Conti			Vice-President Name		
Street Address 296 George Washington Highway			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Richard J Conti			Treasurer Name Richard J Conti		
Street Address 296 George Washington Highway			Street Address 296 George Washington Highway		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Richard J Conti			Director Name		
Street Address 296 George Washington Highway			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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	
100		CNP		1.000	
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 Richard J Conti					Date 11-3-2021
Signature of Authorized Representative 					

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