RI SOS Filing Number: 202105653190 Date: 12/1/2021 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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 DEC -1 AM 3:24

1. Entity ID Number	2. Exact name of the Corporation
11306	TOWN LIQUOR CO.

3. Principal Office Address	City	State	Zip
179 Newport Ave	East Providence	RI	02916

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445310	Retail Sales of Alcoholic Beverage, Soft drinks and Tobacco products
5. State of Incorporation: RI	

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

President Name	Street Address	City	State	Zip
Elliott N Fishbein	52 Ridge St	Pawtucket	RI	02860

Vice-President Name	Street Address	City	State	Zip
N/A				

Secretary Name	Street Address	City	State	Zip
N/A	N/A	N/A		

Treasurer Name	Street Address	City	State	Zip

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
500	CNP	

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: Elliott N. Fishbein — Date: 12/01/21

Signature of Authorized Representative: Elliott N. Fishbein

FILED

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

DEC 01 2021 3:28
BY GMK2Y

FORM 630 - Revised: 08/2020