



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 15 2022

BY 13054 OS

1. Entity ID Number 000021164		2. Exact name of the Corporation RIVERSIDE LIQUORS INC			
3. Principal Office Address 225 BULLOCKS POINT AVE			City RIVERSIDE	State RI	Zip 02915
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island LIQUOR STORE			
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 ANDRE			Vice-President Name <i>William Andre IR</i>		
Street Address 225 BULLOCKS POINT AVE			Street Address <i>217 Bullocks Point Ave</i>		
City RIVERSIDE	State RI	Zip 02915	City <i>Riverside</i>	State <i>RI</i>	Zip <i>02915</i>
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			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 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
		1000		STK	0
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 WILLIAM ANDRE				Date 02/07/2022	
Signature of Authorized Representative <i>William Andre</i>					