



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 19 2023
 STAMP

BY *[Signature]*

Annual Report for the year: 2023
Corporation

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

1. Entity ID Number 140017		2. Exact name of the Corporation NAWEE LIQUORS, INC.			
3. Principal Office Address 346 ARMISTICE BLVD			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island RETAIL 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 NAWEE K. HENG			Vice-President Name NAWEE K. HENG		
Street Address 194 BURNSIDE AVE			Street Address SAME		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Secretary Name NAWEE K. HENG			Treasurer Name NAWEE K. HENG		
Street Address SAME			Street Address SAME		
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 NAWEE K. HENG			Director Name		
Street Address SAME			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
			100	COMMON	NO PAR
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 NAWEE K. HENG, PRESIDENT				Date ✓ 01-16-23	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov