



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP
FEB 02 2023
BY 8971

1. Entity ID Number 000022924		2. Exact name of the Corporation Wickford Package Store, Inc.			
3. Principal Office Address 20 Oakdale Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island The purchase and re-sale at retail of liquor, wine, beer and other assorted beverage products			
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 Jeffrey Ryan			Vice-President Name		
Street Address 235 Audobon Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State RI	Zip
Secretary Name Robert Ryan			Treasurer Name Michael Francis Sherman		
Street Address 304 Ten Rod Road			Street Address P O. Box 294 (735 Gilbert Stuart Road)		
City North Kingstown	State RTRI	Zip 02852	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name NONE		
Street Address			Street Address		
City	State RI	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE \$0.0000	
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 Michael Francis Sherman				Date 1/26/23	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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