RI SOS Filing Number: 202328537390 Date: 2/10/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

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BUS SVCS DIV
2023 FEB 10 P 1:17

STAMP
FOR SECRETARY OF STATE USE ONLY

1 Entity ID Number	2. Exact name of the Corporation		
16819	Wein-O-Rama, Inc.		
3. Principal Office Address	City	State	Zip
1009 Oaklawn Avenue	Cranston	RI	02920
4. NAICS Code: 722513	6 Brief description of the character of business conducted in Rhode Island: Operating a Resturant		
5. State of Incorporation: Rhode Island			

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

President Name: George Sotirakos			Vice-President Name: Ernest Sotirakos		
Street Address: 22 Azalea Drive			Street Address: 9 Falcon Lane		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Secretary Name: George Sotirakos			Treasurer Name: Ernest Sotirakos		
Street Address: 22 Azalea Drive			Street Address: 9 Falcon Lane		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921

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

Director Name: George Sotirakos			Director Name: Ernest Sotirakos		
Street Address: 22 Azalea Drive			Street Address: 9 Falcon Lane		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	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: George M Sotirakos — Date: 1/28/23

Signature of Authorized Representative: George M Sotirakos

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

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FORM 630 - Revised: 11/2021