



Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
STAMP

FEB 14 2023

BY

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1. Entity ID Number 000030445		2. Exact name of the Corporation RHODE ISLAND LIQUOR STORES ASSOCIATION			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Uniting all people engaged in the retail sales of bottled liquors for their mutual benefits and protection, and to promote, suggest and aid in the enactment of legislation beneficial to said liquor store business.			
4. NAICS Code 813910 - Business Associations					
6. Principal Office Address One Grove Avenue		City East Providence		State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank P. Fede			Vice-President Name Craig Penardo		
Street Address 6900 Post Road			Street Address 1142 Main Street		
City North Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816
Secretary Name Jeffrey Baran			Treasurer Name Frank P. Fede		
Street Address 667 Kingstown Road			Street Address 6900 Post Road		
City Kingstown	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeffrey Baran			Director Name Craig Penardo		
Street Address 667 Kingstown Road			Street Address 1142 Main Street		
City Kingstown	State RI	Zip 02879	City Coventry	State RI	Zip 02816
Director Name Frank P. Fede			Director Name		
Street Address 6900 Post Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Frank P. Fede				Date 2/5/2023	
Signature of Officer/Authorized Representative <i>Frank P. Fede (Treas)</i>					