



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.

**FILED**  
FEB 2 2023  
BY 5189  
JK

|   |   |  |                               |
|---|---|--|-------------------------------|
| 1. Entity ID Number<br><b>529945</b>  |   | 2. Exact name of the Corporation<br><b>RL Corporation</b>        |                               |
| 3. Principal Office Address<br><b>1358 Plainfield Street</b>  |   | City<br><b>Johnston</b>  | State<br><b>RI</b>            |
|   |   | Zip<br><b>02919</b>  |                               |
| 4. NAICS Code<br><b>81</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>Retail Liquor Sales</b> |  |                               |
| 5. State of Incorporation<br><b>RI</b>  |   |  |                               |
| 7. List ALL officers (names and addresses)  |   |  |                               |
| President Name<br><b>Elie Nehme</b>   |   | Vice-President Name<br><b>Jeanette El-Mouchantaf</b>             |                               |
| Street Address<br><b>60 Bicentennial Way</b>  |   | Street Address<br><b>60 Bicentennial Way</b>                     |                               |
| City<br><b>North Providence</b>   | State<br><b>RI</b>  | City<br><b>North Providence</b>                                  | State<br><b>RI</b>            |
|   |   | Zip<br><b>02911</b>  |                               |
| Secretary Name<br><b>Jeanette El-Mouchantaf</b>   |   | Treasurer Name<br><b>Elie Nehme</b>                              |                               |
| Street Address<br><b>60 Bicentennial Way</b>  |   | Street Address<br><b>60 Bicentennial Way</b>                     |                               |
| City<br><b>North Providence</b>   | State<br><b>RI</b>  | City<br><b>North Providence</b>                                  | State<br><b>RI</b>            |
|   |   | Zip<br><b>02911</b>  |                               |
| 8. List ALL directors (names and addresses)   |   |  |                               |
| Director Name   |   | Director Name  |                               |
| Street Address  |   | Street Address   |                               |
| City  | State   | City   | State                         |
|   |   | Zip  |                               |
| Director Name   |   | Director Name  |                               |
| Street Address  |   | Street Address   |                               |
| City  | State   | City   | State                         |
|   |   | Zip  |                               |
| 9. Shares Authorized  |   | 10. Shares Issued  |                               |
| This information is currently of record in the Department of State.   |   | Check the box to indicate an attachment <input type="checkbox"/> |                               |
| Changes require an additional filing.   |   | NUMBER OF SHARES<br><b>None</b>                                  | CLASS/SERIES<br><b>Common</b> |
|   |   | PAR VALUE<br><b>No Par Value</b>                                 |                               |
| 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. |   |  |                               |
| <b>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.</b>                                       |   |  |                               |
| Name of Authorized Representative<br><b>Jeanette El-Mouchantaf</b>  |   |  | Date<br><b>2/17/2023</b>      |
| Signature of Authorized Representative<br>  |   |  |                               |

MAIL TO:  
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