



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 21 2023
 BY *[Signature]*
[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 000095859		2. Exact name of the Corporation Fox Point Wine & Spirits, Inc.			
3. Principal Office Address 574 Ferry Street		City Newark		State NJ	Zip 0705
4. NAICS Code 424820		6. Brief description of the character of business conducted in Rhode Island Purchase and sales of wine, beer and spirits and conduct a distributorship of			
5. State of Incorporation RI		such			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Antonio Seabra		Vice-President Name Anthony Seabra			
Street Address 574 Ferry Street		Street Address 574 Ferry Street			
City Newark	State NJ	Zip 07105	City Newark	State NJ	Zip 07105
Secretary Name Antonio Seabra		Treasurer Name Antonio Seabra			
Street Address 574 Ferry Street		Street Address 574 Ferry Street			
City Newark	State NJ	Zip 07105	City Newark	State NJ	Zip 07105
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio Seabra		Director Name			
Street Address 574 Ferry Street		Street Address			
City Newark	State NJ	Zip 07105	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
		500		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 Antonio Seabra				Date 02/13/2023	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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