



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 21 2023

BY

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 such			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/STRIKES		
			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. <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 Antonio Seabra				Date 02/13/2023	
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023