



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.

FEB 24 2023

9002

DE/AMF

1. Entity ID Number 1688661		2. Exact name of the Corporation Em's Liquore Store, INC.												
3. Principal Office Address 1285 Park Avenue			City Cranston	State RI	Zip 02910									
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Operation of a liquor store												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Chad E. Kelliher			Vice-President Name Susan A. Kelliher											
Street Address 110 Aspinet Drive			Street Address 73 Trent Avenue											
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888									
Secretary Name Chad E. Kelliher			Treasurer Name Chad E. Kelliher											
Street Address 110 Aspinet Drive			Street Address 110 Aspinet Drive											
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Chad E. Kelliher			Director Name Susan A. Kelliher											
Street Address 110 Aspinet Drive			Street Address 73 Trent Avenue											
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMUN</td> <td>NE PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMUN	NE PAR			
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100	COMMUN	NE 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 Chad E. Kelliher					Date 2/16/2023									
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov