



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FEB 24 2023

DE/ASAP

9002

- 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 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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	COMMUN	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 Chad E. Kelliher					Date 2/16/2023
Signature of Authorized Representative <i>Chad E. Kelliher</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov