



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

MAR 07 2023

BY 11437318

1. Entity ID Number 00043398		2. Exact name of the Corporation Martinez and German Liquors, Inc.									
3. Principal Office Address 310-314 Cranston Street			City Providence	State RI	Zip 02907						
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Selling alcoholic and non-alcoholic beverages and related food items.									
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 Raul Martinez, Jr.			Vice-President Name Raul Martinez, Jr.								
Street Address 331 Dexter Street			Street Address 331 Dexter Street								
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907						
Secretary Name Jacqueline Martinez			Treasurer Name Raul Martinez, Jr.								
Street Address 331 Dexter Street			Street Address 331 Dexter Street								
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Raul Martinez, Jr.			Director Name None								
Street Address 331 Dexter Street			Street Address								
City Providence	State RI	Zip 02907	City	State	Zip						
Director Name None			Director Name None								
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>200</td> <td>CNP</td> <td>0.00</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	CNP	0.00
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
200	CNP	0.00									
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 Raul Martinez, Jr.					Date Feb. 12/2023						
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