



Department of State - Business Services Division

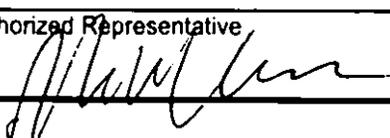
Annual Report for the year: 2023
Corporation

FILED

MAR 23 2023

BY 1848 DS

- 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 1707000 | | 2. Exact name of the Corporation MAMM LIQUORS, INC. | | | |
| 3. Principal Office Address 275 BROAD STREET | | | City CUMBERLAND | State RI | Zip 02864 |
| 4. NAICS Code 445310 | | 6. Brief description of the character of business conducted in Rhode Island LIQUOR STORE | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name MARGARET MAURICE | | | Vice-President Name ALBERTINA MATOS | | |
| Street Address 225 SHADY HILL DRIVE | | | Street Address 5 VALLEY STREET | | |
| City EAST GREENWICH | State RI | Zip 02818 | City CUMBERLAND | State RI | Zip 02864 |
| Secretary Name MARGARET MAURICE | | | Treasurer Name ALBERTINA MATOS | | |
| Street Address 225 SHADY HILL DRIVE | | | Street Address 5 VALLEY STREET | | |
| City EAST GREENWICH | State RI | Zip 02818 | City CUMBERLAND | State RI | Zip 02864 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 |
| | | | 100 | | COMMON |
| | | | | | PAR VALUE 10.00 |
| 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 MARGARET MAURICE, PRESIDENT | | | | | Date 3/1/2023 |
| Signature of Authorized Representative  | | | | | |