



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 23 2023

BY 1848 DS

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	PAR VALUE
		100	COMMON	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 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov