State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

FILED AMP

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00	fee if form is no	t filed by May 31.			0_			
1. Entity ID Number 000043604		2. Exact name of the Corporation Andrew's at Eastgate, Ltd.						
Principal Office Address					State	√ ₹6		
2 Laurel Lane			Jamestov	wn	RI	02835		
4. NAICS Code	6. Brief descri	6. Brief description of the character of business conducted in Rhode Island						
445310		Operation of a Liquor Store						
5. State of Incorporation		·						
Rhode Island								
7. List ALL officers (names and a	ddresses)			Chec	k the box to in	ndicate an attachment 🔲		
President Name Jason Gold	Vice-President Name Andrew Gold							
2 Laurel Ln			Street Address 49 Benjamin Dr					
^{City} Jamestown	State RI	^{Zip} 02835	City Portsn	nouth	State RI	^{Zip} 02871		
Secretary Name Jason Gold			Treasurer Name Jason Gold					
Street Address 2 Laurel Ln			Street Address 2 Laurel Ln					
^{City} Jamestown	State RI	^{Zip} 02835	City Jamestown		State RI	^{Zip} 02835		
8. List ALL directors (names and	addresses)		•	Chec	k the box to in	ndicate an attachment		
Director Name Jason Gold			Director Name					
Street Address 2 Laurel Ln			Street Address					
City Jamestown	State RI	^{Zip} 02835	City		State	Zip		
Director Name			Director Name	3				
Street Address	Street Address							
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issu	ued	Chec	k the hoy to in	I ndicate an attachment □		
This information is currently of record in the		NUMBER OF		CLASS/SER	.56	PAR VALUE		
Department of State.		200	200		1	No par value		
Changes require an additional filin	g.				•			
11. This report must be executed	on behalf of the	corporation by an a	uthorized repres	sentative. If the con	poration is in t	he hands of a receiver or		
trustee, this report must be execu	ited on behalf of	the corporation by t	he receiver or to	rustee.				
Under penalty of perjury, I deci statements, and that all statem	iare and amirm t	hat i nave examine	ed this report, i	including any acco	ompanying s	chedules and		
Name of Authorized Representat		nerein are true ani	a correct.		Date /			
Jason Gold		3/2/24						
Signature of Authorized Represe	ntative					<i>/ - /</i>		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov