



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED

APR 05 2023

BY *6420 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 001679769		2. Exact name of the Corporation PBL, Inc.			
3. Principal Office Address 1321 Kingstown Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Retail Sale of Liquor			
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 Joseph V. Paglia			Vice-President Name John J. Paglia		
Street Address 39 Thayer Avenue			Street Address 33 Carver Lane		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name John J. Paglia			Treasurer Name Joseph V. Paglia		
Street Address 33 Carver Lane			Street Address 39 Thayer Avenue		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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/SERIALS	PAR VALUE
		1,000		Common	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 Joseph V. Paglia, President					Date 3/24/23
Signature of Authorized Representative 					

MAIL TO:
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