



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
STAMP

APR 21 2023

BY 1426

1. Entity ID Number 001731733		2. Exact name of the Corporation J & J Gasbarro Oaklawn Liquors Inc			
3. Principal Office Address 985 Oaklawn Ave			City Cranston	State RI	Zip 02920
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Liquor Sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John N. Gasbarro			Vice-President Name James P. Mansolillo		
Street Address 197 Legris Avenue			Street Address 34 Gleason Street		
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02910
Secretary Name John N. Gasbarro			Treasurer Name James P. Mansolillo		
Street Address 197 Legris Avenue			Street Address 34 Gleason Street		
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John N. Gasbarro			Director Name James P. Mansolillo		
Street Address 197 Legris Avenue			Street Address 34 Gleason Street		
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02910
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		Common		\$0.01	
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 John N. Gasbarro					Date 3/31/23
Signature of Authorized Representative <i>John N. Gasbarro</i> President					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023