

State of Rhode Island

Department of State - Business Services Division

2023 JUH -1 P 3: 22

Annual Report for the year: **Limited Liability Company**

-> 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 2. Exact name of the Limited Liability Company					
1 1707720 1	15011410	WEY IN	noort	44	
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
1124 871					
92- 020	Time	nort all	000		
5. State of Formation Import alcohol					
RT					
6. Principal Office Address		City	State	میہ ا	
200 KENYON AVE		EAST GILEEN	IWICH R	7 02818	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CARLOS FIGUEROA		Contect Title	Contact Title		
Street Address 700 KENON ALE			wich State		
8 The Resident Agent Information	on currently of record with	h the RI Department of State	is accurate. Changes	require filing Form 642.	
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 Person			Date		
Carus Fi			26	1/01/2023	
Signature of Authorized Person	7000				
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FILED

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MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 2/2023