



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS. SERVICES DIV.

2023 JUN 12 P 12:44

1. Entity ID Number 001727135		2. Exact name of the Corporation Putnam Pike Liquors, Inc.			
3. Principal Office Address 253 Putnam Pike			City Smithfield	State RI	Zip 02917
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island To own and operate a retail liquor store.			
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 Nikul Patel			Vice-President Name Nikul Patel		
Street Address 253 Putnam Pike			Street Address 253 Putnam Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Nikul Patel			Treasurer Name Nikul Patel		
Street Address 253 Putnam Pike			Street Address 253 Putnam Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nikul Patel			Director Name		
Street Address 253 Putnam Pike			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		2000	CNP	\$0.0000	
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 Nikul Patel				Date 06/09/2023	
Signature of Authorized Representative 					

FILED

JUN 12 2023

BY **ASQ/PLR**
AA. 12:45 PM

MAIL TO:
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