



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.

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BUS. SERVICES DIV.

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| | | | | | |
|---|--------------------|---|---|---------------------------|---------------------|
| 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

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MAIL TO:
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