



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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2023 JUL 17 1:19 PM

**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.

1. Entity ID Number <b>000543408</b>		2. Exact name of the Corporation <b>FABIAN LIQUOURS, INC.</b>					
3. Principal Office Address <b>500 Cranston Street</b>				City <b>Providence</b>		State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>445310</b>		6. Brief description of the character of business conducted in Rhode Island <b>The Buying and selling, retail and/or wholesale of alcoholic beverages.</b>					
5. State of Incorporation <b>RI</b>							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>Fabian Francisco</b>				Vice-President Name <b>Jenmy Francisco</b>			
Street Address <b>22 Carl Street</b>				Street Address <b>22 Carl Street</b>			
City <b>Providence</b>		State <b>RI</b>	Zip <b>02909</b>		City <b>Providence</b>		Zip <b>02909</b>
Secretary Name <b>Fabian Francisco</b>				Treasurer Name <b>Fabian Francisco</b>			
Street Address <b>22 Carl Street</b>				Street Address <b>22 Carl Street</b>			
City <b>Providence</b>		State <b>RI</b>	Zip <b>02909</b>		City <b>Providence</b>		Zip <b>02909</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>N/A</b>				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SHARES		PAR VALUE	
			<b>1000</b>	<b>Common</b>		<b>No Par Value</b>	
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. <b>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.</b>							
Name of Authorized Representative <b>Fabian Francisco, President</b>						Date <b>7-30-23</b>	
Signature of Authorized Representative 							

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

**FILED**  
**JUL 17 2023**  
**BY A.A. 1:19 pm**