



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

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.

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

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