



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 23 2024

BY 1771 DS

Annual Report for the year: 2024
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 <u>12904</u>		2. Exact name of the Corporation <u>Mt. HOPE LIQUORS INC</u>	
3. Principal Office Address <u>678 HOPE STREET</u>		City <u>BRISTOL</u>	State <u>RI</u>
		Zip <u>02809</u>	
4. NAICS Code <u>445310</u>	6. Brief description of the character of business conducted in Rhode Island <u>SALE OF BEER WINE & LIQUOR</u>		
5. State of Incorporation <u>RHODE ISLAND</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jose C. Teixeira</u>		Vice-President Name <u>Dolores A. Teixeira</u>	
Street Address <u>2 Dolly Drive</u>		Street Address <u>2 Dolly Drive</u>	
City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>BRISTOL</u>
			State <u>RI</u>
			Zip <u>02809</u>
Secretary Name <u>Dolores A. Teixeira</u>		Treasurer Name <u>Jose C. Teixeira</u>	
Street Address <u>same</u>		Street Address <u>same</u>	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Jose C. Teixeira</u>		Director Name <u>Dolores A. Teixeira</u>	
Street Address <u>same</u>		Street Address <u>same</u>	
City	State	Zip	City
			State
			Zip
Director Name <u>/</u>		Director Name <u>/</u>	
Street Address <u>/</u>		Street Address <u>/</u>	
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	CLASS/SERIES
		<u>2000</u>	<u>comm</u>
		PAR VALUE	<u>no par value</u>
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. <i>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.</i>			
Name of Authorized Representative <u>Dolores A. Teixeira</u>			Date <u>1/15/2024</u>
Signature of Authorized Representative			

MAIL TO:
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