



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

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.

**FILED**  
**STAMP**  
JAN 26 2024  
BY 14308  
*DS*

1. Entity ID Number <b>000118478</b>		2. Exact name of the Corporation <b>G &amp; S LIQUORS, INC.</b>				
3. Principal Office Address <b>2951 Hartford Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
4. NAICS Code <b>445310</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE A RETAIL LIQUOR STORE</b>				
5. State of Incorporation <b>RHODE ISLAND</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>GABY J. DAIAA</b>			Vice-President Name <b>SALIBA SALIBA</b>			
Street Address <b>7 Jessica Court</b>			Street Address <b>10 Quaker Road</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
Secretary Name <b>SALIBA SALIBA</b>			Treasurer Name <b>GABY J. DAIAA</b>			
Street Address <b>10 Quaker Road</b>			Street Address <b>7 Jessica Court</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <b>SALIBA SALIBA</b>			Director Name <b>GABY J. DAIAA</b>			
Street Address <b>10 Quaker Road</b>			Street Address <b>7 Jessica Court</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
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		CLASS/SERIES		PAR VALUE
		<b>500</b>		<b>COMMON</b>		<b>NO PAR</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>SALIBA SALIBA</b>				Date <b>1-12-2024</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