



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

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

FORM 630- Revised: 12/2023