



State of Rhode Island  
Department of State - Business Services Division

FILED

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.

FEB 20 2024  
BY *[Signature]*

1. Entity ID Number 001734369	2. Exact name of the Corporation North Kingstown Wine & Spirits, Inc.
----------------------------------	--

3. Principal Office Address 41 W. Main Street	City North Kingstown	State RI	Zip 02852
--	-------------------------	-------------	--------------

4. NAICS Code 445310	6. Brief description of the character of business conducted in Rhode Island Operation of a retail liquor store.
5. State of Incorporation RI	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Matthew A. Reay		Vice-President Name Matthew A. Reay			
Street Address 21 Lantern Hill Drive		Street Address 21 Lantern Hill Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Matthew A. Reay		Treasurer Name Matthew A. Reay			
Street Address 21 Lantern Hill Drive		Street Address 21 Lantern Hill Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Matthew A. Reay		Director Name			
Street Address 21 Lantern Hill Drive		Street Address			
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	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/SERIES	PAR VALUE
	5000	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 Matthew A. Reay	Date ✓ 2/15/24
Signature of Authorized Representative <i>[Signature]</i>	