



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

FEB 20 2024

BY

2187

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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
		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. <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 Matthew A. Reay					Date ✓ 2/15/24
Signature of Authorized Representative 					