



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 3102 STAMP
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001699041		2. Exact name of the Corporation Urban Wine & Spirits, Inc.			
3. Principal Office Address 650 Branch Avenue		City Providence		State RI	Zip 02904
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 Posey Smith Kooris			Vice-President Name Posey Smith Kooris		
Street Address 151 King Street			Street Address 151 King Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Posey Smith Kooris			Treasurer Name Posey Smith Kooris		
Street Address 151 King Street			Street Address 151 King Street		
City Warwick	State RI	Zip 02886	City Warwick	State	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Posey Smith Kooris			Director Name None		
Street Address 151 King Street			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
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		CLASS/SERIES	
		PAR VALUE			
		1000	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 Posey Smith Kooris					Date ✓ 2/15/2024
Signature of Authorized Representative ✓ Posey Smith Kooris					

MAIL TO:
Division of Business Services
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