RI SOS Filing Number: 202447185450 Date: 2/23/2024 4:00:00 PM

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 23 2024
BY 2594 DS

1. Entity ID Number	2. Exact name of the Corporation
3738	A+T CASALI LIQUORS INC

3. Principal Office Address	City	State	Zip
1776 B CRANSTON STREET	CRANSTON	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445310	RETAIL LIQUOR
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
THOMAS CASALI	ALBERT CASALI JR
Street Address: 33 PHENIX Ridge DRIVE	Street Address: 41 LARKPUR Road
City: CRANSTON State: RI Zip: 02921	City: CRANSTON State: RI Zip: 02920
Secretary Name	**Treasurer Name**
	ALBERT CASALI
Street Address	**Street Address**
	66 EAST BELAIR Road
City: State: Zip:	City: CRANSTON State: RI Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
ALBERT CASALI	
Street Address: 66 EAST BELAIR Road	Street Address:
City: CRANSTON State: RI Zip: 02920	City: State: Zip:
Director Name: THOMAS CASALI	Director Name:
Street Address: 33 PHENIX Ridge DRIVE	Street Address:
City: CRANSTON State: RI Zip: 02921	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Comm	100

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	Date
ALBERT CASALI	2-1-2024

Signature of Authorized Representative: Albert Casali

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