



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSS  
24 FEB 28 AM 11:43:02

1. Entity ID Number <b>000006346</b>		2. Exact name of the Corporation <b>Mac's Liquor Mart, Inc.</b>	
3. Principal Office Address <b>200 Pleasant View Drive</b>		City <b>Smithfield</b>	State <b>RI</b>
4. NAICS Code <b>445310</b>	6. Brief description of the character of business conducted in Rhode Island <b>Establishment primarily engages in retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor.</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Robert Guida</b>		Vice-President Name <b>Robert Guida</b>	
Street Address <b>44 Douglas Drive</b>		Street Address <b>44 Dougals Drive</b>	
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>
Secretary Name <b>Wendy Guida</b>		Treasurer Name <b>Robert Guida</b>	
Street Address <b>44 Douglas Drive</b>		Street Address <b>44 Douglas Drive</b>	
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		1,000	
Changes require an additional filing.			PAR VALUE
			0
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.			
<b>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.</b>			
Name of Authorized Representative <b>Robert Guida</b>			Date <b>12/14/2023</b>
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

FILED

FEB 23 2024  
BY 2195R

FORM 630- Revised 04/2023

AA: 11:43 AM