



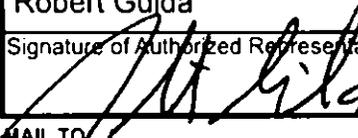
State of Rhode Island
Department of State - Business Services Division

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 AM '23

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

FILED

MAIL TO
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 23 2024
BY ZT95R AA: 11:43 AM
FORM 630- Revised 04/2023