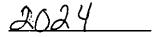
RI SOS Filing Number: 202448319980 Date: 3/5/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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					
MAR 05 2024 BY AUTOU					

Entity ID Number	2 Exact nan	ne of the Corporatio	n		•		
16819		Wein-O-Rama, Inc.					
3 Principal Office Address 1009 Oaklawn Avenue			City Cransto		State RI	Z _{IP} 02920	
4. NAICS Code	6 Brief desc	ription of the charac	ter of business	conducted in Rhode Is	sland		
722513	Operatin	Operating a Resturant					
5 State of incorporation Rhode Island							
7. List ALL officers (names ar	nd addresses)			Check	the box to in	dicate an attachment 🗖	
President Name George Sotirakos			Vice-President Name Ernest Sotirakos				
Street Address 22 Azalea Drive			Street Address 9 Falcon Lane				
City Cranston	State RI	^{Z₁p} 02921	City Crans			^{Zp} 02921	
Secretary Name George Sotirakos			Treasurer Name Ernest Sotirakos				
Street Address 22 Azalea Drive			Street Address 9 Falcon Lane				
Cranston	State RI	^{Zip} 02921	City Cranston		State RI	^{Ζφ} 02921	
8. List ALL directors (names a	and addresses)	·		Check	the box to in	idicate an attachment 🔲	
Director Name George Sof	tirakos		Director Nam	Ernest Sotirako	S		
Street Address 22 Azalea Drive			Street Address 9 Falcon Lane				
City Cranston	State RI	^{Z_{ip}} 02921		City Cranston		^{2p} 02921	
Director Name			Director Name				
Street Address			Street Address				
City	State	Ζφ	City	· ·	State	Zφ	
9 Shares Authorized		10. Shares Iss					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 300		1	COMMON N		
11. This report must be execu					ration is in th	ne hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I de					panving so	hedules and	
statements, and that all sta	tements contained						
Name of Authorized Represe	ntative Sotizak	cos			Date /s	1/24	
George M Signature of Authorized Repri	eseptative Lkub				2/3	724 724	
<u></u>	<u> </u>					<u>' '</u>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov