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State of Rhode Island

Department of State - Business Services Division Applial Report for the year: 2024 FILED STAN						STAMP							
Annual Report for the year: 2024 Corporation ————————————————————————————————————			MAR 2 0 2024 BY 11903										
							→ Penalty: Additional \$25.00 f				· · · · · · · · · · · · · · · · · · ·		
							1. Entity ID Number	2. Exact name of the Corporation					
150982	Edgewood Liquors, Inc.												
3. Principal Office Address 1551 Centreville Road			City Warwick		RI	02886							
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island												
445310	Retail liquor sales												
5. State of Incorporation RI													
	<u> </u>	_		Chook the	hay ta india	nata an attachment 🗆							
7. List Al.L officers (names and addresses) President Name				Check the box to indicate an attachment Vice-President Name Vacant									
Geoffrey E. Rousselle													
Street Address 41 Sweet Briar Lane			Street Address										
^{City} West Warwick	State RI	^{Zip} 02893	City	<u>-</u>	State	Zip							
Secretary Name Geoffrey E. Rousselle			Treasurer Name Lori A. Rousselle										
Street Address 41 Sweet Briar Lane			Street Address 41 Sweet Briar Lane										
^{City} West Warwick	State RI	^{Z_{IP}} 02893	City West Warwick		State F	RI ^{Z_{ip}} 02893							
8. List ALL directors (names and a	ddresses)				e box to indic	cate an attachment 🔲							
Director Name Geoffrey E. Rousselle				Director Name									
Street Address 41 Sweet Briar Lane			Street Address										
^{City} West Warwick	State RI	^{Zıp} 02893	City		State	State Zip							
Director Name	<u> </u>	•	Director Na	Director Name									
Street Address			Street Address										
City	State	Zip	City		State	Zip							
9. Shares Authorized	-1	10. Shares Iss				icate an attachment							
This information is currently of record in the Department of State.			NUMBER OF SHARES		ERIES PAR VALUE								
Changes require an additional filing.		200		Common		No par value							
Changes require an accidental ming	•												
11. This report must be executed of					orporation is	in the hands of a re-							
ceiver or trustee, this report must I Under penalty of perjury, I decla					companying	schedules and							
statements, and that all stateme	ents contained				T_								
Name of Authorized Representative					Date 11/24								
GEDHRU//	Bonga	LIVE			3/								
Signature of Authorized Represen	tarive	\ <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