



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.

REC'D RIDDS BSD  
24 MAR 22 PM 1:22:53

1. Entity ID Number <b>103517</b>	2. Exact name of the Corporation <b>L &amp; B BEVERAGE INC</b>
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3. Principal Office Address <b>27 A North Brow Street</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
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4. NAICS Code <b>445310</b>	6. Brief description of the character of business conducted in Rhode Island <b>Whole liquor business</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>Luis F Oliveira</b>			Vice-President Name <b>None</b>		
Street Address <b>100 Howard Street</b>			Street Address		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02721</b>	City	State	Zip
Secretary Name <b>Luis F Oliveira</b>			Treasurer Name <b>Luis F Oliveira</b>		
Street Address <b>100 Howard Street</b>			Street Address <b>100 Howard Street</b>		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02721</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02721</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 <b>Luis F Oliveira</b>			Director Name <b>None</b>		
Street Address <b>100 Howard Street</b>			Street Address		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02721</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued <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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	<b>100</b>	<b>Common</b>	<b>No par value</b>

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 <b>Luis F Oliveira</b>	Date <b>2-22-24</b>
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Signature of Authorized Representative 	<b>FILED</b> <b>MAR 22 2024</b> <b>BY MIL 1528</b>
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