RI SOS Filing Number: 202449410550 Date: 3/22/2024 4:00:00 PM

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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.

1. Entity ID Number	2. Exact name of the Corporation
000094251	COSTA LIQUORS, LTD

3. Principal Office Address	City	State	Zip
265 Beverage Hill Avenue	Pawtucket	RI	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445310	To own and operate a retail liquor store
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jose M Costa			Vice-President Name: Antonio J Carreira		
Street Address: 61 Greenwood Avenue			Street Address: 36 Reynolds Avenue		
City: Seekonk	State: MA	Zip: 02771	City: Rehoboth	State: MA	Zip: 02769
Secretary Name: Carminda Carreira			Treasurer Name: Ana P Costa		
Street Address: 36 Reynolds Avenue			Street Address: 61 Greenwood Avenue		
City: Rehoboth	State: MA	Zip: 02769	City: Seekonk	State: MA	Zip: 02771

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Jose M Costa			Director Name: Antonio J Carreira		
Street Address: 61 Greenwood Avenue			Street Address: 36 Reynolds Avenue		
City: Seekonk	State: MA	Zip: 02771	City: Rehoboth	State: MA	Zip: 02769
Director Name: Carminda Carreira			Director Name: Ana P Costa		
Street Address: 36 Reynolds Avenue			Street Address: 61 Greenwood Avenue		
City: Rehoboth	State: MA	Zip: 02769	City: Seekonk	State: MA	Zip: 02771

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	Common	No 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	Date
Jose M Costa	2-22-24

Signature of Authorized Representative: Jose M Costa

FILED
MAR 22 2024
BY AM 11759

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

FORM 630- Revised 12/2023