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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 27 2024
BY

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		
133387	Warwick Liquors, Inc.		
3. Principal Office Address	City	State	Zip
445 West Shore Road	Warwick	RI	02889
4. NAICS Code: 445310	6. Brief description of the character of business conducted in Rhode Island: To maintain and Operate a liquor store		
5. State of Incorporation: Rhode Island			

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

President Name: Nikki Fotopoulos			Vice-President Name: Nikki Fotopoulos		
Street Address: 6 David Drive			Street Address: 6 David Drive		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Nikki Fotopoulos			Treasurer Name: Nikki Fotopoulos		
Street Address: 6 David Drive			Street Address: 6 David Drive		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919

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

Director Name: Nikki Fotopoulos			Director Name		
Street Address: 6 David Drive			Street Address		
City: Johnston	State: RI	Zip: 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10 Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NO PAR

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
Nikki Fotopoulos, President	3/12/2024

Signature of Authorized Representative: Nikki Fotopoulos

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: 11/2021