



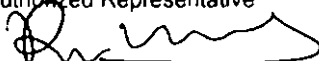
State of Rhode Island  
Department of State - Business Services Division

APR 09 2024 7:31  
3375

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<br><b>980692</b>   |                    | 2. Exact name of the Corporation<br><b>CONIMICUT LIQUORS INC</b>  |   |                           |                     |
| 3. Principal Office Address<br><b>5 SHADOWBROOK XING</b>   |                    |   | City<br><b>EAST GREENWICH</b>               | State<br><b>RI</b>        | Zip<br><b>02818</b> |
| 4. NAICS Code<br><b>445310</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>RETAIL LIQUOR STORE</b>             |   |                           |                     |
| 5. State of Incorporation<br><b>RHODE ISLAND</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<br><b>RUXI DUDHIA</b>   |                    |   | Vice-President Name<br><b>RUXI DUDHIA</b>   |                           |                     |
| Street Address<br><b>5 SHADOWBROOK XING</b>  |                    |   | Street Address<br><b>5 SHADOWBROOK XING</b> |                           |                     |
| City<br><b>EAST GREENWICH</b>  | State<br><b>RI</b> | Zip<br><b>02818</b>   | City<br><b>EAST GREENWICH</b>               | State<br><b>RI</b>        | Zip<br><b>02818</b> |
| Secretary Name   |                    |   | Treasurer Name                              |                           |                     |
| Street Address   |                    |   | Street Address                              |                           |                     |
| City   | State              | Zip   | City  | State                     | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                           |                     |
| Director Name  |                    |   | Director Name                               |                           |                     |
| Street Address   |                    |   | Street Address                              |                           |                     |
| City   | State              | Zip   | City  | State                     | Zip                 |
| Director Name  |                    |   | Director Name                               |                           |                     |
| 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.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES  |   | CLASS/STRIES              |                     |
|  |                    | PAR VALUE   |   |                           |                     |
|  |                    | <b>100</b>  | <b>COMMON</b>                               | <b>0.00</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.<br><b>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.</b> |                    |   |   |                           |                     |
| Name of Authorized Representative<br><b>RUXI DHUDHIA, PRESIDENT</b>  |                    |   |   | Date<br><b>03/30/2024</b> |                     |
| Signature of Authorized Representative<br>  |                    |   |   |                           |                     |

MAIL TO:  
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