



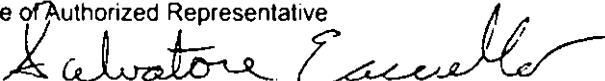
**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSD
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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 691144		2. Exact name of the Corporation Atwells Wine & Spirits, Inc			
3. Principal Office Address 361 Atwells Ave		City Providence		State RI	Zip 02903
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island To Operate a Liquor Store			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Salvatore Eacuello, Jr		Vice-President Name Salvatore Eacuello, Jr.			
Street Address 361 Atwells Ave		Street Address 361 Atwells Ave			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Salvatore Eacuello, Jr		Treasurer Name Salvatore Eacuello, Jr.			
Street Address 361 Atwells Ave		Street Address 361 Atwells Ave			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	Common Stock	\$.01	
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 Salvatore Eacuello, Jr.			FILED 929		Date 04-24-24
Signature of Authorized Representative 			APR 29 2024		
			BY 4653		

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