RI SOS Filing Number: 202454576320 Date: 5/6/2024 4:00:00 PM

State of Rhode Island Department of Sta	¥ .	FILED					
Annual Report for the year: 2024				MAY 0 6 2	024	STAMP	
Corporation					\cap	FOR SECRETARY OF STATE	
Filing period: February 1 - May 1 Filing Fee: \$50.00						USE OHLY	
Penalty: Additional \$25.00 fee if form is not filed by May 31.							
1. Entity ID Number	2. Exact name of the Corporation						
000002002	Barrington Liquors, Inc. c/o Nicole M Gasbarro						
3. Principal Office Address 618 Warren Avenue			City State Zip East Providence RI 02914				
4. NAICS Code				111			
445310	6. Brief description of the character of business conducted in Rhode Island						
State of Incorporation	Liquors Sales						
Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Nicole M Gasbarro			Vice-President Name				
Street Address 16 Camelot Circle			Streel Address				
City Johnston	State RI	^{Zip} 02919	City	····	State	Zip	
Secretary Name	Treasurer Name				l		
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name							
Lifector 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	
Shares Authorized This information is currently of record in the		10. Shares issued		Check the bo	Check the box to indicate an attachment CLASSICER ES IMPRIVATUE		
Department of State. Changes require an additional filing.		n/a		n/a			
				11/4		-	
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		
Nicole M Gasbarro/President				4/23/24			
Signature of Authorized Representative Nicole M Gasbarro							

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

Website: www.sos ri.gov