State of Rhode Island Fee: \$50.00 Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
1636 (401) 222-3040
Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024
1. Corporate ID No. 000129470
2. Name of Corporation MAB LIQUORS, LTD
3. Street Address Principal Business Office:
No. and Street: 426 ATWOOD AVENUE
City or Town: CRANSTON State: \underline{RI} Zip: <u>02920</u> Country: <u>USA</u>
4. Business Phone No.
5. State of Incorporation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>445310</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL LIQUOR STORE
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Class of Stock Series of Stock Par Value Per Share Total Authorized Instrumer of Shares Total Authorized Shares STK \$0.000 1,000.00 600 This report must be executed on behalf of the corporation by an authorized representative. If e corporation is in the hands of a receiver or trustee, this report must be executed on behalf the corporation by the receiver or trustee. 600 gned this 28 Day of May, 2024 at 3:44:51 PM. This electronic signature of the individual or dividuals signing this instrument constitutes the affirmation or acknowledgement of the signator dividuals signing this instrument constitutes the affirmation or acknowledgement of the electronic filing, in mpliance with R.I. Gen. Laws § 7-1.2. Y CHACE RUTTENBURG AND FREEDMAN Signature of Authorized Representative of the Corporation	Title		Individual Name First, Middle, Last, Suffix				
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