RI SOS Filing Number: 202455294520 Date: 5/31/2024 4:00:00 PM and

State of Rhode	Isla
Denartmen	t o

artment of State - Business Services Division

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.

REC'D RIDOS BSD '24 MAY 31 PH3:47:4	[-

Entity ID Number		ne of the Corporation	n					
1739488	401 Dis	stilling, Inc.						
3. Principal Office Address			City		State	Zip		
916 Reservoir Avenu	116 Reservoir Avenue		Cranston	1	RI	02910		
4. NAICS Code	6. Brief desc	cription of the charac	ter of business o	conducted in Rhod	le Island			
312140	Manufac	Manufacturing a variety of spirits and any other lawful business.						
5. State of Incorporation		naming a varioty	or opinio an	a arry ourior to				
Rhode Island								
7. List ALL officers (names a	ind addresses)				ck the box to i	ndicate an attachment		
President Name Rebecca DiMuro White		Vice-President Name Jeremy J. White						
Street Address 43 Anchorage Road			Street Address 43 Anchorage Road					
^{City} Narragansett	State RI	^{Zip} 02882	City Narragansett		State RI	^{Zip} 02882		
Secretary Name Jeremy J.			Treasurer Name Rebecca DiMuro White					
Street Address	1 41 IIIC							
Street Address 43 Anchora	age Road		Street Address 43 Anchorage Road					
^{City} Narragansett	State RI	^{Zip} 02882	City Narragansett		State RI	^{Zip} 02882		
8. List ALL directors (names	and addresses)	<u>. </u>			ck the box to i	ndicate an attachment		
Director Name None			Director Name	•				
Street Address	<u> </u>		Street Address	s		· - · · · · · · · · · · · · · · · · · ·		
<u> </u>	Tour				In	1=:-		
City	State	Zip	City		State	Zip		
Director Name	•	.	Director Name)				
Street Address	_		Street Address	s				
City	State	Zıp	City		State	Zip		
9. Shares Authorized	<u> </u>	10. Shares Iss	<u>l</u> ued	Che	ck the box to i	I ndicate an attachment □		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE						
		100		Common	l	No Par Value		
11. This report must be exec					rporation is in t	the hands of a receiver or		
trustee, this report must be e Under penalty of perjury, I	executed on behalf o	f the corporation by t	the receiver or tr	rustee.		abadulas and		
statements, and that all sta	stements contained	i herein are true an	d correct.	ncidaling any acc	ompanying s	criedules and		
Name of Authorized Representative			FILED		Date	.		
Rebecca DiMuro Wh	ite			_	5/3	36/2024		
Signature of Authorized Rep			MAY	31 2024				
Gloce XII	mer/UM		BY 1	-39147				
MAIL TO:	14.11.1			14				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov