



State of Rhode Island
Department 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.

FINAL REPORT

REC'D R1005 BSD
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1. Entity ID Number 11244		2. Exact name of the Corporation Mineral Spring Liquor, Inc.			
3. Principal Office Address 85 Tomahawk Trail		City Cranston		State RI	Zip 02921
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Liquor - Retail			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John F. Saccoccia			Vice-President Name Same as President		
Street Address 85 Tomahawk Trail			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Same as President			Treasurer Name Same as President		
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 Same as President			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 Check the box to indicate an attachment ☐					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			150		Common
					PAR VALUE
					0
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 John F. Saccoccia					Date 11/20/24
Signature of Authorized Representative <i>[Signature]</i>					

FILED

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

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BY *LBPS* AM.
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