



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
JAN 28 2025
BY 18003
EA

1. Entity ID Number 000002867		2. Exact name of the Corporation Bristol County Spirits, Inc.			
3. Principal Office Address 601 Metacom Avenue			City Warren	State RI	Zip 02885
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Retail 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 Christopher Brito			Vice-President Name Christopher Brito		
Street Address 37 Cooke Street			Street Address 37 Cooke Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Christopher Brito			Treasurer Name Christopher Brito		
Street Address 37 Cooke Street			Street Address 37 Cooke Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher Brito			Director Name		
Street Address 37 Cooke Street			Street Address		
City Bristol	State RI	Zip 02809	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/SERIALS	PAR VALUE
		1000		Class A. Comm	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 Christopher Brito				Date 1/22/2025	
Signature of Authorized Representative 					

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