



State of Rhode Island
Department of State - Business Services Division

FIELD

JAN 29 2025
BY 34460 DE

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.

1. Entity ID Number 000003738		2. Exact name of the Corporation A & T Casali Liquors, Inc.			
3. Principal Office Address 1776 B Cranston Street			City Cranston	State RI	Zip 02920
4. NAICS Code 45010 445310		6. Brief description of the character of business conducted in Rhode Island Retail liquor			
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 Thomas Casali			Vice-President Name Albert Casali, Jr.		
Street Address 33 Phenix Ridge Drive			Street Address 41 Larkpur Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Secretary Name			Treasurer Name Albert Casali		
Street Address			Street Address 66 East Belair Road		
City	State	Zip	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Albert Casali			Director Name Thomas Casali		
Street Address 66 East Belair Road			Street Address 33 Phenix Ridge Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
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/SERIES	PAR VALUE
		200	Common	100	
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 Thomas Casali				Date 01/22/2025	
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