State of Rhode Island
Department of State - Business Services Division

FILED
JAN 29 2025
BY 34460

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	2. Exact name of the Corporation
000003738	A & T Casali Liquors, Inc.

3. Principal Office Address	City	State	Zip
1776 B Cranston Street	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
~~45810~~ 445310	Retail liquor
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Thomas Casali			Albert Casali, Jr.		
Street Address			Street Address		
33 Phenix Ridge Drive			41 Larkpur Road		
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02920
Secretary Name			Treasurer Name		
			Albert Casali		
Street Address			Street Address		
			66 East Belair Road		
City	State	Zip	City	State	Zip
			Cranston	RI	02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Albert Casali			Thomas Casali		
Street Address			Street Address		
66 East Belair Road			33 Phenix Ridge Drive		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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	Date
Thomas Casali	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

FORM 630- Revised: 12/2023