



State of Rhode Island  
Department of State - Business Services Division

FIELD

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.

FEB 07 2025

BY 2106 LKS

1. Entity ID Number 001723308		2. Exact name of the Corporation Rhode Island Wine & Spirits, Inc.			
3. Principal Office Address 529 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Operation of a liquor store.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Priscilla Reay			Vice-President Name Priscilla Reay		
Street Address 21 Lantern Hill Drive			Street Address 21 Lantern Hill Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Priscilla Reay			Treasurer Name Priscilla Reay		
Street Address 21 Lantern Hill Drive			Street Address 21 Lantern Hill Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			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		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 5000	CLASS/SERIES common	PAR VALUE no par value	
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 Priscilla Reay				Date ✓ 2/5/2025	
Signature of Authorized Representative ✓ Priscilla Reay					