TO THE	

## State of Rhode Island

Department of S	tate - Business Services Division			ļ.	HELD			
Annual Report for the year:	2025				FEB <u>0</u> 7 2025			
Corporation		FEB 0.7 2025 BY 2100 LKS						
Filing period: February 1	- May 1				BY.	W.O	W LL	
→ Filing Fee: \$50.00	foo if form is n	ot filed by May 31						
→ Penalty: Additional \$25.00  1. Entity ID Number		ne of the Corporation		<del>_</del>		-		
001723308	Rhode Island Wine & Spirits, Inc.							
. <u> </u>	Titilode	Statio ville c		, 1110.	Ictoto		[7 <sub>10</sub>	
3. Principal Office Address			Cranston		State		Zip	
529 Reservoir Avenu	e		Crans	ston 	RI		02910	
4. NAICS Code	<ol><li>Brief descr</li></ol>	ription of the charac	ter of busine	ess conducted in Rho	de Island			
445310	Operation of a liquor store.							
5. State of Incorporation								
RI								
				Chack II	no hov to ind	cato an s	attachment [	
7. List ALL officers (names and ad President Name			Vice-Pres	ident Name	TE DOX TO THU	Cale all	attaciinent _	
Priscilla Reay			Vice-President Name Priscilla Reay					
Street Address 21 Lantern Hill			Street Ad	dress 21 Lantern	Hill Drive			
21 Lantern Hill			1				T-9	
Cranston	State RI	<sup> Ζιρ</sup> 02921	City Cra	inston	State	RI	12ip 02921	
	Į.	02021	Treasurer	Name	<u> l</u>	<del></del>	10202	
Secretary Name Priscilla Reay			110000.0.	Name Priscilla Re	eay			
Chroni Addroni			Street Ad	dress 21 Lantern	Hill Drive			
21 Lantern Hill	Drive		_1					
Cranston	State RI	<sup>Zıp</sup> 02921	City Cra	inston	State	RI 02921		
		0202.			ne hoy to indi	rate an a	attacnment [	
8. List ALL directors (names and a Director Name	adoresses		Director N		ie box to ino	Toute dire		
Director Nome								
Street Address	<u> </u>	Street Address						
		1	City	<del></del>	State		Zip	
City	State	Zip	City		State		12.0	
Director Name		<u> </u>	Director N	lame				
Tonestor Home		•						
Street Address		Street Address						
				0.		State Z		
City	State	Ziç	City		State		Zip	
9. Shares Authorized		10. Shares Issi	ued	Cneck t	he box to ind	icate an	attachment [	
This information is currently of reco	ord in the	NUMBER OF		CLASS/S		т	PAR VALUE	
Department of State.			common			no par value		
Changes require an additional filing.		<u> </u>					<del></del>	
11. This report must be executed of	on behalf of the	corporation by an a	uthorized re	presentative. If the c	orporation is	ıл the ha	nds of a re-	
ceiver or trustee, this report must l	he executed on	behalf of the corpor	ration by the	receiver or trustee.				
Under penalty of perjury, I decla	are and affirm t	hat I have examine	ea this repo dicorrect	rt, including any ac	companying	y scriedt	nes anu	
statements, and that all statements and that all statements Name of Authorized Representative		merent are true an	o correct.		Date			
Priscilla Reay						באימאג	25	
1 Hacilla Neay						4717	ves	
	A = A							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov