



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025
Corporation

FEB 07 2025

BY 2106 LKS

- 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 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 ☐					
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 ☐					
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 Check the box to indicate an attachment ☐					
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	
		5000	common	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					