



State of Rhode Island
Department of State - Business Services Division

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.

FILED

FEB 10 2025

BY 4274 EG

1. Entity ID Number 001699041		2. Exact name of the Corporation Urban Wine & Spirits, Inc.										
3. Principal Office Address 650 Branch Avenue		City Providence	State RI									
		Zip 02904										
4. NAICS Code 445310	6. Brief description of the character of business conducted in Rhode Island Operation of a retail 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 Posey Smith Kooris		Vice-President Name Posey Smith Kooris										
Street Address 151 King Street		Street Address 151 King Street										
City Warwick	State RI	City Warwick	State RI									
Zip 02886		Zip 02886										
Secretary Name Posey Smith Kooris		Treasurer Name Posey Smith Kooris										
Street Address 151 King Street		Street Address 151 King Street										
City Warwick	State RI	City Warwick	State									
Zip 02886		Zip 02886										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Posey Smith Kooris		Director Name None										
Street Address 151 King Street		Street Address										
City Warwick	State RI	City	State									
Zip 02886		Zip										
Director Name None		Director Name None										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	common	no par value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1000	common	no par value										
Changes require an additional filing.												
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 Posey Smith Kooris			Date ✓ 2/5/2025									
Signature of Authorized Representative ✓ Posey S. Kooris												