



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 12 2025

BY 13083

1. Entity ID Number 000021164		2. Exact name of the Corporation RIVERSIDE LIQUORS INC	
3. Principal Office Address 225 BULLOCKS POINT AVE		City RIVERSIDE	State RI
		Zip 02915	
4. NAICS Code 445320	6. Brief description of the character of business conducted in Rhode Island LIQUOR STORE		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name WILLIAM ANDRE		Vice-President Name WILLIAM ANDRE JR	
Street Address 217 BULLOCKS POINT AVE		Street Address 217 BULLOCKS POINT AVE	
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE
			State RI
			Zip 02915
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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 Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		100	STK
		CLASS/SERIES	
		0	
		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 WILLIAM ANDRE		Date 1/28/25	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 777-3040
Website: www.sos.ri.gov