

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.

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| BY DOOY | Se or or |

| 1 Entity ID Number | 2. Exact name of the Corporation | | | | | | | |
|--|--|------------------------------------|------------------------------------|--|--------------|---------------------------------|--|--|
| 000529945 | RL Corporation | | | | | | | |
| 3. Principal Office Address | | | City | | State | Zıp | | |
| 1358 Plainfield Street | | Johnston | | RI | 02919 | | | |
| 4 NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | | |
| 325+ 445310 | Retail Liquor Sales | | | | | | | |
| 5. State of Incorporation RI | | | | | | | | |
| 7 List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | | | | |
| President Name Elie Nehme | | | | Vice-President Name Jeanette El-Mouchantaf | | | | |
| Street Address 60 Bicentennial Way | | | Street Address 60 Bicentennial Way | | | | | |
| ^{City} North Providence | State RI | ^{Zip} 02911 | | ^{City} North Providence | | State RI Zip 02911 | | |
| Secretary Name Jeanette El-Mou | ^{le} Jeanette El-Mouchantaf | | | Treasurer Name Elie Nehme | | | | |
| Street Address 60 Bicentennial Way | | Street Address 60 Bicentennial Way | | | | | | |
| ^{City} North Providence | State RI | ^{Zip} 02911 | City North Providence | | State RI | ^{Z_{ip}} 02911 | | |
| 8. List ALL directors (names and a | ddresses) | • | | | the box to i | ndicate an attachment 🔲 | | |
| Director Name | Director Name Director Name | | | | | | | |
| Street Address | | Street Address | Street Address | | | | | |
| City | State | Zıp | City | | State | Zıp | | |
| Director Name | | Director Name | | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zıp | City | | State | Zıp | | |
| Shares Authorized This information is currently of reco | | 10. Shares Issued | | Check the box to indicate an attachment | | | | |
| | rd in the | in the NUMBER OF S | | | | PAR VALUE | | |
| Department of State. Changes require an additional filing. | | None | None | | | No Par Value | | |
| onanges require an additional ming | • | | | | | | | |
| 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 Date | | | | | | | | |
| Jeanette El-Mouchantaf | | | | | | | | |
| Signature of Authorized Representative | | | | | | | | |
| | | | | | | | | |

MAIL TO:

Division of Business Services

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

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