



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  
STAMP  
FEB 26 2025  
BY [Signature]  
FOR SECRETARY OF STATE  
ONLY

1. Entity ID Number 001664786		2. Exact name of the Corporation C&S DEVINE, INCORPORATED			
3. Principal Office Address 41 TICONDEROGA DRIVE			City WARWICK	State RI	Zip 02889
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island SALE OF ALCOHOLIC BEVERAGES AND FOOD			
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 CORINE DEVINE			Vice-President Name		
Street Address 41 TICONDEROGA DRIVE			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
Secretary Name ARLENE SHELTON			Treasurer Name STEVEN DEVINE		
Street Address 65 SUNSET AVE			Street Address 41 TICONDEROGA DRIVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name CORINE DEVINE			Director Name STEVEN DEVINE		
Street Address 41 TICONDEROGA DRIVE			Street Address 41 TICONDEROGA DRIVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
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		CLASS/SERIES	PAR VALUE
		10000	CWP	0.0010	
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 Steven Devine				Date 2/10/2025	
Signature of Authorized Representative [Signature]					

MAIL TO:  
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