



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

MAR 04 2025

BY

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1. Entity ID Number 000073622		2. Exact name of the Corporation ANTHONY'S WINE & SPIRITS, LTD.												
3. Principal Office Address 895 TIOGUE AVENUE			City COVENTRY	State RI	Zip 02816									
4. NAICS Code 453220		6. Brief description of the character of business conducted in Rhode Island TO SELL ALCOHOLIC BEVERAGES AT RETAIL												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name ANTHONY PETRARCA			Vice-President Name ANTHONY PETRARCA											
Street Address 895 TIOGUE AVENUE			Street Address 895 TIOGUE AVENUE											
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816									
Secretary Name ANTHONY PETRARCA			Treasurer Name ANTHONY PETRARCA											
Street Address 895 TIOGUE AVENUE			Street Address 895 TIOGUE AVENUE											
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name ANTHONY PETRARCA			Director Name											
Street Address 895 TIOGUE AVENUE			Street Address											
City COVENTRY	State RI	Zip 02816	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALU</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALU			
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100	COMMON	NO PAR VALU												
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. <b>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.</b>														
Name of Authorized Representative ANTHONY PETRARCA					Date 2-21-25									
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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Website: www.sos.ri.gov