State of Rhode Island
Department of State - Business Services Division

FILED
MAR 04 2025
BY 28221

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.

1. Entity ID Number	2. Exact name of the Corporation			
000073622	ANTHONY'S WINE & SPIRITS, LTD.			
3. Principal Office Address		City	State	Zip
895 TIOGUE AVENUE		COVENTRY	RI	02816
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
453220	TO SELL ALCOHOLIC BEVERAGES AT RETAIL			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	COMMON	NO PAR VALU
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	Date
ANTHONY PETRARCA	2-21-25

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

FORM 630- Revised: 12/2023