



**State of Rhode Island**  
**Department of State - Business Services Division**

Annual Report for the year: **2025**

**Corporation**

→ Filing period: February 1 - May 1

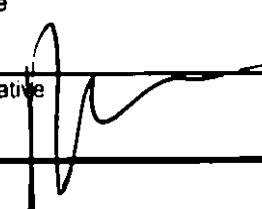
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

**MAR 24 2025**

**BY 8265**

1. Entity ID Number <b>000158444</b>		2. Exact name of the Corporation <b>VANDELAY LIQUORS, INC.</b>			
3. Principal Office Address <b>616 GEORGE WASHINGTON HIGHWAY</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>445310</b>		6. Brief description of the character of business conducted in Rhode Island <b>LIQUOR STORE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>KENT MAURICE</b>			Vice-President Name <b>NONE</b>		
Street Address <b>225 SHADY HILL DRIVE</b>			Street Address		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>KENT MAURICE</b>			Treasurer Name <b>KENT MAURICE</b>		
Street Address <b>225 SHADY HILL DRIVE</b>			Street Address <b>225 SHADY HILL DRIVE</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>CNP</b>	PAR VALUE <b>NO PAR VALUE</b>
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 <b>KENT MAURICE</b>				Date <b>3/20/25</b>	
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**