RI SOS Filing Number: 202568679230 Date: 3/31/2025 4:00:00 PM



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

FII FD

Annual Report for the year: **Limited Liability Company**

2025

→ 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 OF O'STATE				

1. Entity ID Number	2. Exact name of the Limit	2. Exact name of the Limited Liability Company			
001746063	4. Brief description of the character of business conducted in Rhode Island Liquor Store				
3. NAICS Code 445310					
5. State of Formation					
6. Principal Office Address	•	City	State	Zip	
961 Manton Avenue		Providence	RI	02909	
7. Mailing Address of Limiter	d Liability Company and Name o	or Title of Contact Person			
Contact Name Joseph Aloisio		Contact Title Member			
Street Address 961 Manton Avenue		City Providence	State RI	^{Zip} 02909	
8. The Resident Agent inforr	mation currently of record with th	ne RI Department of State is accura	ate. Changes require	e filing Form 642.	
	y, I declare and affirm that I ha atements contained herein are	ive examined this report, includi e true and correct.	ng any accompany	ring schedules and	
Name of Authorized Person			Date 3/19	3/211	
Signature of Authorized Pers	son				

MAIL TO:

Division of Business Services

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

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