



**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 31 2025

BY 25600

1. Entity ID Number 001707000		2. Exact name of the Corporation MAMM Liquors, Inc.												
3. Principal Office Address 275 Broad Street			City Cumberland	State RI	Zip 02864									
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Own and operate a Liquor Store and any other lawful business												
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 Margaret Maurice			Vice-President Name Albertina Matos											
Street Address 225 Shady Hill Drive			Street Address 5 Valley Street											
City East Greenwich	State RI	Zip 02818	City Cumberland	State RI	Zip 02864									
Secretary Name Margaret Maurice			Treasurer Name Albertina Matos											
Street Address 225 Shady Hill Drive			Street Address 5 Valley Street											
City East Greenwich	State RI	Zip 02818	City Cumberland	State RI	Zip 02864									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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			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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10,000</td> <td>common</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10,000	common	\$0.00			
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10,000	common	\$0.00												
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 Margaret Maurice, President				Date March 24, 2025										
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