



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Corporation

APR 08 2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

BY 5569

1. Entity ID Number 001739813		2. Exact name of the Corporation Island Liquors, Inc.			
3. Principal Office Address 913 Main Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Liquor store - sale of alcoholic beverages			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jose G. Andrade			Vice-President Name		
Street Address 175 South Water Street			Street Address		
City Taunton	State MA	Zip 02780	City	State	Zip
Secretary Name Jose G. Andrade			Treasurer Name Jose G. Andrade		
Street Address 175 South Water Street			Street Address 175 South Water Street		
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Jose G. Andrade			Director Name		
Street Address 175 South Water Street			Street Address		
City Taunton	State MA	Zip 02780	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par
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 Jose Andrade				Date 4-1-25	
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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