State of Rhode Island
Department of State - Business Services Division

FILED
APR 08 2025
BY 5569

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		
001739813	Island Liquors, Inc.		
3. Principal Office Address	City	State	Zip
913 Main Street	Pawtucket	RI	02860
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
445310	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	CLASS/SERIES	PAR VALUE
100	Common	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	Date
Jose Andrade	1-1-25

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: 11/2021