RI SOS Filing Number: 202569728360 Date: 4/9/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 09 2025
BY 2062

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		
000012259	Smithfield Liquor Mart, Inc.		
3. Principal Office Address	City	State	Zip
296 George Washington Hwy	Smithfield	RI	02917
4. NAICS Code: 445310	6. Brief description of the character of business conducted in Rhode Island: Package store		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John R. Conti			Vice-President Name:		
Street Address: 296 George Washington Hwy.			Street Address:		
City: Smithfield	State: RI	Zip: 02917	City:	State:	Zip:
Secretary Name: John R. Conti			Treasurer Name: John R. Conti		
Street Address: 296 George Washington Hwy			Street Address: 296 George Washington Hwy		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: John R. Conti			Director Name:		
Street Address: 296 George Washington Hwy			Street Address:		
City: Smithfield	State: RI	Zip: 02917	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
495	CWP	$1.00

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	Date
John R. Conti	4-4-25

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: 12/2023