RI SOS Filing Number: 202569728450 Date: 4/9/2025 4:00:00 PM



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

**FILED** 

## Annual Report for the year:

2025

Corporation

Corporation						10N 	CTATE	
→ Filing period: February		(0E)	BY 2.	35 Full on	Y			
→ Filing Fee: \$50.00					<b>₽</b> ,		<del>-</del> ·	
→ Penalty: Additional \$25.0	00 fee if form is n	not filed by May 31	l.			<del> </del>		
1. Entity ID Numbe 000082761	Exact name of the Corporation     One Stop Liquors INC							
3. Principal Office Address 97 Railroad Street			City Manville	,	State RI		Zip 02838	
3. NAICS Code 445310	Brief description of the character of business conducted in Rhode Island     Liquor Store							
5. State of Incorporation RI	7							
7. List ALL officers (names and	addresses)			Check t	the box to indi	icate an atta	chment 🔲	
President Name Necati Yuzbasioglu			Vice-Presid	Vice-President Name				
Street Address 3 Joyce Ann Dr			Street Add	Street Address				
City Manville	State RI	Zip 02838	City		State		Zip	
Secretary Name Necati Yuzbasioglu		Treasurer Name Necati Yuzbasioglu						
Street Address 3 Joyce Ann Dr		Street Address 3 Joyce Ann Dr						
City Manville	State RI	Zip 02838	City Manville				Zip 02838	
8. List ALL directors (names an	d addresses)				the box to ind	icate an atta	ichment 🔲	
Director Name	Director Na	Director Name						
Street Address	Street Addr	Street Address						
City	State	Zıp	City		State		Zip	
Director Name			Director Na	Director Name				
Street Address	Street Addr	Street Address						
City	State	Zip	City		State		Zip	
9. Shares Authorized			0. Shares Issued Check the box to indicate an attachment					
This information is currently of record in the Department of State.		NUMBER 100	OF SHARES	Common	CLASS/SERIES PAR VALUE  no par value			
Changes require an additional fil	lina	<u> </u>		<b> </b>		<del> </del>		

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 Necati Yuzbasioglu

03-26-2025

Signature of Authorized Representative

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised: 12/2023