RI SOS Filing Number: 202572595650 Date: 4/29/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

RECD RIDOS BBD
25 APR 29 PM 12:05:15

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
691144	Atwells Wine & Spirits, Inc

3. Principal Office Address	City	State	Zip
361 Atwells Ave	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445310	To Operate a liquor store
5. State of Incorporation: Rhode Island	

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

President Name	Street Address	City	State	Zip
Salvatore Eacuello, Jr	361 Atwells Ave	Providence	RI	02903

Vice-President Name	Street Address	City	State	Zip
Salvatore Eacuello, Jr.	361 Atwells Ave	Providence	RI	02903

Secretary Name	Street Address	City	State	Zip
Salvatore Eacuello, Jr.	361 Atwells Ave	Providence	RI	02903

Treasurer Name	Street Address	City	State	Zip
Salvatore Eacuello, Jr.	361 Atwells Ave	Providence	RI	02903

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

Director Name	Street Address	City	State	Zip
Salvatore Eacuello, Jr.	361 Atwells Ave Unit 4	Providence	RI	02903

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
200	Common Stock	$.01

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
Salvatore Eacuello, Jr.	04-29-2025

Signature of Authorized Representative: Salvatore Eacuello

FILED
APR 29 2025
BY

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