

RI SOS Filing Number: 202574276700 Date: 6/2/2025 4:00:00 PM

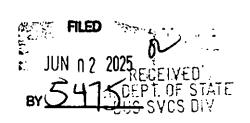
(TO)	•					
	State of Rhode Island					
	Damantonant of Cta					

Department of State - Business Services Division

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 000037895	2. Exact name o		2025 JUN - 2 P 4: 09						
3. Principal Office Address 6130 POST ROAD				H KINGSTOWN	State RI		Zip 02852		
4. NAICS Code 722511		on of the characte BEVERAGE	r of busines	s conducted in Rhode Isl	land				
5. State of Incorporation RHODE ISLAND									
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name DIANNE SEDDON			Vice-President Name DIANNE SEDDON						
Street Address 196 SPENCER WOODS DRIVE			Street Address 196 SPENCER WOODS DRIVE						
City EAST GREENWICH	State RI	^{Zip} 02818	City EAS	T GREENWICH	State F	રા	Zip 02818		
Secretary Name DIANNE SEDDON				Treasurer Name DIANNE SEDDON					
Street Address 196 SPENCER WOODS DRIVE			Street Address 196 SPENCER WOODS DRIVE						
^{City} EAST GREENWICH	State RI	^{Zip} 02818	City EAS	ST GREENWICH	State R	tl .	^{Zio} 02818		
8. List ALL directors (names and a	ddresses)		•	Check the box	x to indica	ate an atta	achment 🔲		
Director Name NONE				Director Name NONE					
Street Address			Street Address						
City	State	Zip	City		State	•	Zip		
Director Name NONE			Director Name NONE						
Street Address			Street Address						
City	State	Zıp	City	<u> </u>	State		Zip		
9. Shares Authorized	10. Shares Issue	ed Check the box to indicate an attachment							
This information is currently of reco	rd In the	NUMBER OF S		CLASS/SERIES			PAR VALUE		
Department of State.		0		COMMON	0				
Changes require an additional filing.					·				
This report must be executed o		•		·	ation is in	the hand	ls of a re-		
ceiver or trustee, this report must be									
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									
DIANNE SEDDON					15-29-2025				
Signature of Authorized Representative									

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov