



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

APR 12 2021
 BY Sax
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- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 73622		2. Exact name of the Corporation ANTHONY'S WINE & SPIRITS, LTD.			
3. Principal Office Address 895 TIOGUE AVENUE			City COVENTRY	State RI	Zip 02816
4. NAICS Code 442210		6. Brief description of the character of business conducted in Rhode Island TO SELL ALCOHOLIC BEVERAGES AT RETAIL			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY PETRARCA			Vice-President Name ANTHONY PETRARCA		
Street Address 895 TIOGUE AVENUE			Street Address 895 TIOGUE AVENUE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name ANTHONY PETRARCA			Treasurer Name ANTHONY PETRARCA		
Street Address 895 TIOGUE AVENUE			Street Address 895 TIOGUE AVENUE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State RI	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
					PAR VALUE
					NO PAR VALUE
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 ANTHONY PETRARCA				Date 2/8/21	
Signature of Authorized Representative 					