, RI SOS Filing Number: 202218430640 Date: 6/9/2022 4:00:<u>00 PM</u>

State of Rhode Island

## Department of State - Business Services Division

Population of State -	Dusiness Services Division
Annual Report for the year:	2022

Corporation → Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

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1. Entity ID Number	2. Exact name of the Corporation							
73622	ANTHONY'S WINE & SPIRITS, LTD.							
3. Principal Office Address			City		State	Zip		
895 TIOGUE AVENUE			COVENT	RY	RI	02816		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
53220	TO SELL ALCOHOLIC BEVERAGES AT RETAIL							
5. State of Incorporation RHODE ISLAND								
7. List ALL officers (names and add	resses)		•		ne box to ir	ndicate an attachment 🗖		
President Name ANTHONY PETRARCA			Vice-President Name ANTHONY PETRARCA					
Street Address 895 TIOGUE AVENUE			Street Address 895 TIOGUE AVENUE					
City COVENTRY	State RI	<sup>Zip</sup> 02816	City COVE	City COVENTRY		<sup>Zip</sup> 02816		
Secretary Name ANTHONY PETRARCA			Treasurer Name ANTHONY PETRARCA					
Street Address 895 TIOGUE AVENUE			Street Address 895 TIOGUE AVENUE					
City COVENTRY	State RI	<sup>Zip</sup> 02816	City COVENTRY		State RI	<sup>Zip</sup> 02816		
8. List ALL directors (names and ac	ldresses)	1	<b>_</b>	Check t	he box to it	ndicate an attachment		
Director Name			Director Name	•				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name	1	l	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				
This information is currently of recor Department of State.	d in the	NUMBER OF SHARES		CLASS/SERIES				
		100		COMMON	NO PAR VALUE			
Changes require an additional filing.								
11. This report must be executed or	n behalf of the	corporation by an a	authorized repres	sentative. If the corpor	ation is in t	he hands of a receiver or		
trustee, this report must be execute						shadular and		
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			
ANTHONY PETRARCA					3-7-22			
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