



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 74918		2. Exact name of the limited liability company Goulart's Package Store, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL LIQUOR STORE	
5. Principal office address 39 Meeting House Lane		City Little Compton	State RI
		Zip 02837	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert L. Malone		Contact Title Resident Agent	
Street Address 39 Meeting House Lane		City Little Compton	State RI
		Zip 02837	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Robert L. Malone		Manager Name	
Street Address 534 West Main Rd; P.O. Box 901		Street Address	
City Little Compton	State RI	City	State
Zip 02837		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ROBERT L. MALONE		Address 534 WEST MAIN ROAD	
Address P.O. BOX 901		City LITTLE COMPTON	Zip 02837

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

R. L. Malone 2 Sept 07
Signature of Authorized Person Date
Robert L. Malone
Print or Type Name of Authorized Person

File Date	9-7-07
Check No.	5440
By:	<u><i>mne</i></u>
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