



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 127196		2. Name of Corporation J.S. LIQUORS INC.			
3. Street Address Principal Business Office 425 Manten Ave.			City Providence	State RI	Zip 02909
4. Business Phone No. (401) 831-6514		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Sales of Liquor, wine, and spirits					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Sanchez			Vice President Name Jose A. Sanchez		
Street Address 30 Oaklawn Ave. #219			Street Address 47 Marlborough Ave.		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02907
Secretary Name Joseph A. Sanchez			Treasurer Name Joseph A. Sanchez		
Street Address 30 Oaklawn Ave. #219			Street Address 30 Oaklawn Ave. #219		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph A. Sanchez			Director Name		
Street Address 30 Oaklawn Ave. #219			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name none			Director Name none.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES --- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000			500		

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.

FILED

NOV 06 2007

By

Amr
11-41399

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.

Signature: Joseph A. Sanchez 11/6/07
Date

Print or Type Name: Joseph A. Sanchez

Title: President

File Date

Check No.

By:

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