



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

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River  
Providence, RI 02904-26  
401.222.30

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* 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. 2002	2. Name of Corporation Barrington Liquors, Inc.
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3. Street Address Principal Business Office 618 Warren Avenue	City East Providence	State RI	Zip 02914
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4. Business Phone No. 401-434-9556	5. State of Incorporation Rhode Island
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6. Brief Description of the Character of Business Conducted in Rhode Island  
Liquor sales

**NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) (SEE INSTRUCTIONS BEFORE USING ATTACHMENTS)**

President Name Anna L. Gasbarro			Vice President Name Anna L. Gasbarro		
Street Address 432 Sowams Road			Street Address 432 Sowams Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Anna L. Gasbarro			Treasurer Name Ann L. Gasbarro		
Street Address 432 Sowams Road			Street Address 432 Sowams Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806

**NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) (SEE INSTRUCTIONS BEFORE USING ATTACHMENTS)**

Director Name Anna L. Gasbarro			Director Name		
Street Address 432 Sowams Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**SHARES AUTHORIZED (X BOX FOR ATTACHMENT) (SEE INSTRUCTIONS BEFORE USING ATTACHMENTS)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common No Par Value		100	common	no par

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.

*Anna L. Gasbarro*  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Anna L. Gasbarro  
Print or Type Name  
President  
Title

