



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

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

**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. 71176		2. Name of Corporation Northeast Beverage Corp.			
3. Street Address Principal Business Office 119 HOPKINS HILL ROAD			City WEST GREENWICH	State RI	Zip 02817
4. Business Phone No. 4018226400		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island BUY, SELL, DISTRIBUTE & DELIVER NON-ALCOHOLIC BEVERAGES OF ALL TYPES.					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS</b> (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KENNETH J. MANCINI			Vice President Name RAYMOND T. MANCINI, JR.		
Street Address 119 HOPKINS HILL ROAD			Street Address 119 HOPKINS HILL ROAD		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
Secretary Name DEBORAH A. MORROCCO			Treasurer Name KENNETH J. MANCINI		
Street Address 119 HOPKINS HILL ROAD			Street Address 119 HOPKINS HILL ROAD		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS</b> (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b> (X) BOX FOR ATTACHMENT ( )					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE		300	COMMON	NO PAR VALUE

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 CORPORATION DIVISION  
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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.

71176

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File Date: **FILED**

Check No. **UAA 25 2008**

By: **DS 411307**

FOR SECRETARY OF STATE USE ONLY

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:   
 Date: \_\_\_\_\_  
**PATRICK A. ROGERS**  
 Print or Type Name  
**ASSISTANT SECRETARY**  
 Title