

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River St., Providence, RI 02204-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

ruing	Perioa: January 1 - March 1	•	ruing ree: \$50.00		

*In accordance with R.I.G.L. 7-1.2-1501 1. Corporate ID No.		refusing to file its annual report	within thirty (30) days after the time prescribed by t	aw (R.I.G.L. 7-1.2-1501(c&d)) is	subject to a penalty fee of \$25.00.		
7. Corporale 1D No.	Northeast Be						
3. Street Address Principal Bu	siness Office	grage processor control of the contr	City	State	Zip		
119 HOPKINS HILL	ROAD		WEST GREENWICH	RI	02817		
4. Business Phone No.		5. State of Incorpora					
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6. Brief Description of the Cha BUY, SELL, DISTRIB	racter of Business Conc UTE & DELIVER 1	lucted in Rhode Island NON-ALCOHOLIC BE	VERAGES OF ALL TYPES.				
7. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) 🗹 FILL IN SPAC	ES BEFORE USING A	FFACIMENTS		
President Name		100 C 24 TO THE PARTY OF THE PA	Vice President Name	1			
KENNETH J. MANCII	NI	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		* RAYMOND T. MANCINI, JR.			
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City	State	Zip	[*] City	State	Zip		
WEST GREENWICH	RI	02817	.WEST GREENWICH	RI	02817		
Secretary Name				Treasurer Name			
DEBORAH A. MORRO	CCO			KENNETH J. MANCINI			
Street Address			*	* Street Address			
119 HOPKINS HILL	ROAD		119 HOPKINS HILL	ROAD			
City	State	Zip	City	State	Zip		
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8. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT) 🗌 FILL. IN SPA	CES BEFORE USING	ATTACHMENTS 1/2		
Director Name		+ M-100-100-100-100-100-100-100-100-100-10	Director Name	'	3 35 J		
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Director Name			* Director Name	* = \$ > < * + + + * :			
Director / tarre			ę		· · · · · · · · · · · · · · · · · · ·		
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9. SHARES AUTHORIZ	ED CX" BOX FOR A	TTACHMENT) 🗖	10. SHARES ISSUED ("X" BO	OX FOR ATTACHMEN			
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This report must be executed on hehalf of	f the corporation by an authori.	zea representative. If the corporati	ion is in the hands of a receiver or trustee, this repo	ors muss ne executed on behalf of	me corporation by the receiver or trust		
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Check No.			
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Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa	anying schedules and statements,
and that all statements contained l	nerein are true and correct.
1 6	· /(

Signature

PATRICK A. ROGERS

Print or Type Name

ASSISTANT SECRETARY

Form 630 12/05