



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.					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 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
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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

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

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

Form 630 12/05

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File Date **FILED**

Check No. **UAA 252008**

By **DS 411301**

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