

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

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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	e of \$25.00.				
1. Corporate 1D No. 4571						
3. Street Address Principal Business Office 421 Wood Street			City Bristol	State RI	<i>тър</i> 02809	
4. Business Phone No. 253-9801		5. State of Incorporation Rhode Island				
6. Brief Description of the Character of Retail liquor business	Business Conducted in Rb	ode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Anthony Poissant			None			
Street Address 421 Wood Street			Street Address			
City Bristol	State RI	<i>շար</i> 02809	City	State	Zψ	
Secretary Name Anthony Poissant			Treasurer Name None			
Street Address 421 Wood Street			Street Address			
City Bristol	State RI	^{Zip} 02809	City	State	Zip	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATTA	A <i>CHMENT)</i> 📋 FILL IN SPAC	ES BEFORE USING AT	FACHMENTS	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Ζip	Gity	State	Zip	
9. SHARES AUTHORIZED (*.	 X" BOX FOR ATTAG	 <i>HMENT</i>)	10. SHARES ISSUED ("X"	 BOX FOR ATTACHME!	V 7 () [□	
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series i	Par Value	Number of Shares	Class/Series	Par Value	
800 comm no par			100 SHS	common	no par	
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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.						

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	File Date FILED	contained herein ar
	Check No. FEB 0 1 2008	Signature) W ANTho
	By 406	Print or Type Name
	FOR SECRETARY OF STATE USE ONLY	Tule

Under penalty of perjury, I declare and affirm that I have examined this report, mpanying schedules and statements, and that all statements