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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the 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* 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 of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
802	AL'S PACKAGE STORE, INC			
3. Street Address Principal Business Office		City	State	Zip
314 MANVILLE ROAD		WOONSOCKET	R.I.	02895
4. Business Phone No.	5. State of Incorporation			
401-766-6949	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island

PURCHASE AND SALES OF ALCOHOLIC BEVERAGE AND RELATED ITEMS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
ALBERT E. GIANNINI			ALBERT E. GIANNINI		
Street Address			Street Address		
514 PUTNAM PIKE			514 PUTNAM PIKE		
City	State	Zip	City	State	Zip
GREENVILLE	R.I.	02828	GREENVILLE	R.I.	02828
Secretary Name			**Treasurer Name**		
ALBERT E. GIANNINI			ALBERT E. GIANNINI		
Street Address			Street Address		
514 PUTNAM PIKE			514 PUTNAM PIKE		
City	State	Zip	City	State	Zip
GREENVILLE	R.I.	02828	GREENVILLE	R.I.	02828

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			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)* ☐ 10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM	NO PAR VALUE	1,000	COMM	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.

[redacted] [redacted]

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.

Albert E. Giannini 2/5/08
Signature *Date*

ALBERT E. GIANNINI
Print or Type Name

PRES.
Title

[redacted]

File Date FILED

Check No. FEB 08 2008

By: By 5069 mmc

20202-21-228201

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