



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3010

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. 141900		2. Name of Corporation Athem Distributors, Inc.			
3. Street Address Principal Business Office 84 Farragut Avenue			City Providence	State RI	Zip 02905
4. Business Phone No. 401-954-5747		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To serve as a beverage distributor, to serve as wholesale, agent/broker of alcoholic beverages which may or may not be imported.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Romuald Daniel			Vice President Name Edner Daniel		
Street Address 86 Norman Avenue			Street Address 211 Atlantic Avenue		
City Cranston	State RI	Zip 02910	City Providence	State RI	Zip 02907
Secretary Name			Treasurer Name Amyot Daniel		
Street Address			Street Address 84 Farragut Avenue		
City	State	Zip	City Providence	State RI	Zip 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
750	\$.01 Par Value		0		

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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.

File Date **FILED**
 Check No. **FEB 27 2008**
 By: **AS 135**
 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: Amyot Daniel Date: 2/26/08
 Print or Type Name: AMYOT DANIEL
 Title: Treasurer