



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

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. 4819		2. Name of Corporation Horizon Beverage Company of Rhode Island			
3. Street Address Principal Business Office 121 Hopkins Hill Road			City West Greenwich		State RI
4. Business Phone No. 401-392-3580			5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Wholesale distributor of alcoholic beverages					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert L. Epstein			Vice President Name James L. Rubenstein		
Street Address 121 Hopkins Hill Road			Street Address 121 Hopkins Hill Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name James L. Rubenstein			Treasurer Name James L. Rubenstein		
Street Address 121 Hopkins Hill Road			Street Address 121 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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert L. Epstein			Director Name James L. Rubenstein		
Street Address 121 Hopkins Hill Road			Street Address 121 Hopkins Hill Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
West Greenwich	RI	02817	West Greenwich	RI	02817
Director Name			Director Name		
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City	State	Zip	City	State	Zip
West Greenwich	RI	02817	West Greenwich	RI	02817
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
West Greenwich	RI	02817			

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.

FILED

File Date _____

Check No. _____

By 51218 _____

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
Robert L. Epstein
Print or Type Name

President
Title