



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
401.222.3030

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 5886		2. Name of Corporation FERREIRA'S PACKAGE STORE, INC.			
3. Street Address Principal Business Office 1965 EAST MAIN ROAD		City PORTSMOUTH		State RHODE ISLAND	Zip 02871
4. Business Phone No. 401-683-9598		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SALES OF LIQUOR					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LEONARD J. FERREIRA			Vice President Name LEONARD J. FERREIRA		
Street Address 77 FERREIRA TERRACE			Street Address 77 FERREIRA TERRACE		
City PORTSMOUTH	State RHODE ISLAND	Zip 02871	City PORTSMOUTH	State RHODE ISLAND	Zip 02871
Secretary Name GERALDINE L. SMITH			Treasurer Name ARLENE M. REGO		
Street Address 44 FAIRVIEW AVENUE			Street Address 11 ACORN LANE		
City PENNSVILLE	State NEW JERSEY	Zip 08070	City PORTSMOUTH	State RHODE ISLAND	Zip 02871
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 300	Class/Series COMMON	Par Value .10

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.	
By	JAN 16 2009
By	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

ARLENE M. REGO

Print or Type Name

TREASURER

Title

Form 630 Rev. 08/08