



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

A. Ralph Molits, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-261  
401.222.304

**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.<br>791 | 2. Name of Corporation<br>Feeney Enterprises, Inc. |
|----------------------------|--|

|   |                 |             |              |
|---|-----------------|-------------|--------------|
| 3. Street Address Principal Business Office<br>198 BUTTONWOODS AVENUE | City<br>WARWICK | State<br>RI | Zip<br>02886 |
|---|-----------------|-------------|--------------|

|                                     |   |
|-------------------------------------|---|
| 4. Business Phone No.<br>4017394330 | 5. State of Incorporation<br>RHODE ISLAND |
|-------------------------------------|---|

6. Brief Description of the Character of Business Conducted in Rhode Island  
OPERATION OF A DRUG STORE.

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

|                                   |  |
|-----------------------------------|--|
| President Name<br>DAVID P. FEENEY | Vice President Name<br>PRISCILLA G. FEENEY |
|-----------------------------------|--|

|                                    |                                    |
|------------------------------------|------------------------------------|
| Street Address<br>59 JENKINS COURT | Street Address<br>59 JENKINS COURT |
|------------------------------------|------------------------------------|

|                         |             |              |                         |             |              |
|-------------------------|-------------|--------------|-------------------------|-------------|--------------|
| City<br>NORTH KINGSTOWN | State<br>RI | Zip<br>02852 | City<br>NORTH KINGSTOWN | State<br>RI | Zip<br>02852 |
|-------------------------|-------------|--------------|-------------------------|-------------|--------------|

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Secretary Name<br>DAVID P. FEENEY | Treasurer Name<br>DAVID P. FEENEY |
|-----------------------------------|-----------------------------------|

|                                    |                                    |
|------------------------------------|------------------------------------|
| Street Address<br>59 JENKINS COURT | Street Address<br>59 JENKINS COURT |
|------------------------------------|------------------------------------|

|                         |             |              |                         |             |              |
|-------------------------|-------------|--------------|-------------------------|-------------|--------------|
| City<br>NORTH KINGSTOWN | State<br>RI | Zip<br>02852 | City<br>NORTH KINGSTOWN | State<br>RI | Zip<br>02852 |
|-------------------------|-------------|--------------|-------------------------|-------------|--------------|

**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**

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value    |
|------------------|--------------|--------------|
| 100              | COMMON       | NO PAR VALUE |
|                  |              |              |

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 JAN 26 2009

Check No. 3y20561

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 \_\_\_\_\_ Date 1/20/09

DAVID P. FEENEY

Print or Type Name

PRESIDENT

Title