



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 02904-261
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. 791	2. Name of Corporation Feeney Enterprises, Inc.		
3. Street Address Principal Business Office 198 BUTTONWOODS AVENUE	City WARWICK	State RI	Zip 02886
4. Business Phone No. 4017394330	5. State of Incorporation 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 DAVID P. FEENEY	Vice President Name PRISCILLA G. FEENEY				
Street Address 59 JENKINS COURT	Street Address 59 JENKINS COURT				
City NORTH KINGSTOWN	City NORTH KINGSTOWN	State RI	State RI	Zip 02852	Zip 02852
Secretary Name DAVID P. FEENEY	Treasurer Name DAVID P. FEENEY				
Street Address 59 JENKINS COURT	Street Address 59 JENKINS COURT				
City NORTH KINGSTOWN	City NORTH KINGSTOWN	State RI	State RI	Zip 02852	Zip 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	City	State	State	Zip	Zip
Director Name	Director Name				
Street Address	Street Address				
City	City	State	State	Zip	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.
3420561
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