



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  
401.222.3040

**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.

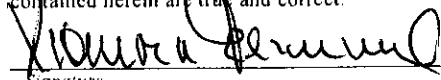
1. Corporate ID No. <b>128364</b>		2. Name of Corporation <b>N.B. LIQUORS MANAGEMENT, INC.</b>			
3. Street Address Principal Business Office <b>84-86 Union Avenue</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02902</b>
4. Business Phone No. <b>(401)861-0655</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>To engage in the business of retail sale and operate a liquor store</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Xiomara Bernard</b>			Vice President Name		
Street Address <b>84-86 Union Avenue</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02902</b>	City	State	Zip
Secretary Name <b>Xiomara Bernard</b>			Treasurer Name <b>Xiomara Bernard</b>		
Street Address <b>84-86 Union Avenue</b>			Street Address <b>84-86 Union Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02902</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02902</b>
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"/>		
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		Class/Series		Par Value	
<b>0 shares</b>					

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 CORPORATIONS DIV  
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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.

<b>FILED</b>	
File Date	<b>FEB 02 2009</b>
Check No.	<b>By 099581</b>
By:	<b>KMC</b>
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 **2/02/09**  
**Xiomara Bernard**  
 Print or Type Name  
**President**  
 Title