



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. 39461 | | 2. Name of Corporation Violas Liquor Store, Inc. | | | | | |
| 3. Street Address Principal Business Office 219 Wood Street | | City Bristol | State RI | Zip 02809-3129 | | | |
| 4. Business Phone No. 401-253-8094 | | 5. State of Incorporation Rhode Island | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To Sell Liquor, Beer and Wine to the General Public | | | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | |
| President Name Hildeberto S. Moitoso | | Vice President Name Cidalia L. Moitoso | | | | | |
| Street Address 5 Freeborn Road | | Street Address 5 Freeborn Road | | | | | |
| City Bristol | State RI | Zip 02809-3129 | City Bristol | State RI | Zip 02809-3129 | | |
| Secretary Name Cidalia L. Moitoso | | Treasurer Name Hildeberto S. Moitoso | | | | | |
| Street Address 5 Freeborn Road | | Street Address 5 Freeborn Road | | | | | |
| City Bristol | State RI | Zip 02809-3129 | City Bristol | State RI | Zip 02809-3129 | | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | |
| Director Name NONE | | Director Name NONE | | | | | |
| Street Address | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | |
| Director Name NONE | | Director Name NONE | | | | | |
| Street Address | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | |
| 9. SHARES AUTHORIZED 600 Common NO PAR VALUE | | | | | 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 600 | Class/Series Common | Par Value NO PAR VAL |
| | | | | | | | |

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.

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.

File Date **FILED**
Check No. **JAN 29 2009**
By: **10028**
FOR SECRETARY OF STATE USE ONLY

Signature **Hildeberto S. Moitoso** Date **1/26/09**
Print or Type Name **Hildeberto S. Moitoso**
Title **President**