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

Ch# 1692

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.	2. Name of Corporation			
6298	Perry's Liquors, Inc.			
3. Street Address Principal Business Office		City	State	Zip
240 Columbus Avenue		Pawtucket	RI	02861
4. Business Phone No.	5. State of Incorporation			
728-5430	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL LIQUORS

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

President Name	Street Address	City	State	Zip
John Perry	65 Hunts Avenue	Pawtucket	RI	02861
Vice President Name	**Street Address**	**City**	**State**	**Zip**
John D. Perry	30 Homestead Avenue	Rehoboth	MA	02769
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Rosella Perry	65 Hunts Avenue	Pawtucket	RI	02861
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
John Perry	65 Hunts Avenue	Pawtucket	RI	02861

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

Director Name	Street Address	City	State	Zip
John Perry	Same as above			
Director Name	**Street Address**	**City**	**State**	**Zip**
John D. Perry	Same as above			
Director Name	**Street Address**	**City**	**State**	**Zip**
Rosella Perry	Same as above			
Director Name	**Street Address**	**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
25	COMMON	NO PAR

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.

[redacted]

FILED
File Date FEB 17 2009
Check No. By 1692
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John Perry 2-13-09
Signature *Date*

JOHN PERRY John Perry
Print or Type Name

PRESIDENT President
Title