

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

401.222,3040

Providence, RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**Inling 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 \$25.0	00.			myer inc inia presenseta cy mi	ν (Μ.Π.C.L. / -1.2-1 / ΟΤ (ΕΟ α/) Β	
1. Corporate ID No. 111495		2. Name of Corporation ALBUQUERQUE LIQUORS, LTD.				
3. Street Address Principal Business Office 10 JONES STREET			CUMBERLAND	State RI	^{Zip} 02864	
		5. State of Incorporation RHODE ISLAND				
	AN ESTABLISHM	cled in Rhode Island ENT FOR THE DISPENSING CERS: ("X" BOX FOR ATTA				
President Name JOSEPH ALBUQUERQUE			Vice President Name NONE			
Street Address 31 THORNLEY STR	EET		Street Address			
City PAWTUCKET	State RI	^{Zip} 02860	City	State	Zip	
Secretary Name JOSEPH ALBUQUERQUE			Treasurer Name JOSEPH ALBUQUERQUE			
Street Address 31 THORNLEY STREET			Street Address 31 THORNLEY STREET			
PAWTUCKET	State RI	^{Zip} 0286O9	City PAWTUCKET	State RI	^{Zip} 02860	
8. NAMES AND ADDRE Director Name JOSEPH ALBUQUE		CTORS: ("X" BOX FOR AT	TACHMENT) FILL IN Director Name NONE	SPACES BEFORE USING	G ATTACHMENTS	
Street Address 31 THORNLEY STR	EET		Street Address			
City PAWTUCKET	State RI	^{Zip} 02860	Clfy	State	Zip	
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zφ	City	State	Zip	
9. SHARES AUTHORIZI	ED 1	ı	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			100	COMMON	NO PAR VALUE	
		ne corporation by an authorized corporation by the receiver	or trustee. Under penalty of per	rjury, I declare and affirm t	s of a receiver or trustee, that I have examined this reportements, and that all statemer	
File Date	19-09		contained herein are	true and forrect.	A 2/17/09	
	mnc		JOSEPH ALE	BUQUERQUE		

PRESIDENT Form 630 Rev. 08/08