

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(c), 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. | (- <i>)</i> , <i>j</i> | g | | The first prosecution by ann (101 | | |
|---|----------------------------|--------------------------------|--|-----------------------------------|----------------------------|--|
| 1. Corporate ID No. 4571 | | | | | | |
| 3. Street Address Principal Business Office 421 Wood Street | | | City Bristol | State RI | <i>Хір</i> 02809 | |
| 4. Business Phone No. 253-9801 5. State of Incorporation Rhode Island | | | | | | |
| 6. Brief Description of the Character of retail liquor business | f Business Conducted in Rh | ode Island | | 8 111 941 918 11 11 | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAG President Name Anthony Poissant | | | Vice President Name None | | | |
| street Address 421 Wood Street | | | Street Address | | | |
| City Bristol | State RI | ^{Ζφ} 02809 | City | State | Zip | |
| Secretary Name Anthony Poissant | | | Treasurer Name None | | | |
| Street Address 421 Wood Street | | | Street Address | | | |
| City Bristol | State RI | ^{Zip} 02809 | City | State | Zip | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name | | | ACHMENT) THE FILL IN SPACES BEFORE USING ATTACHMENTS Director Name | | | |
| Street Address | | | Street Address | | | |
| Clty | State | Zip | Cily | State | Zip | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | Сйу | State | Zip | |
| 9. SHARES AUTHORIZED | | | : 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 | Far Vaine | |
| | | | 100 SHS | 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. | | | | | | |

| | Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements. |
|------------------------------------|---|
| File Date FILED | contained herein are true and correct. |
| Check No. FEB 2 0 2009 | ANTHONY V. POISSANT |
| By: By Secretary of State use only | Print or Type Name |
| TOR SECRETARY OF STATE COS ONLY | Title |