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.	2. Name of Corporation			
23179	THE LIQUOR SHOPPE, INC.			
3. Street Address Principal Business Office		City	State	Zip
155 Broad Street		Pawtucket	R. I.	02860
4. Business Phone No.	5. State of Incorporation			
401-723-2337	RHODE ISLAND			

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

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

President Name			Vice President Name		
Domenic T. Ferri, Jr.			Elaine Ferri		
Street Address			Street Address		
35 Betty Pond Road			1 Deer Run		
City	State	Zip	City	State	Zip
Scituate	R. I.	02831	Scituate	R. I.	02831
Secretary Name			Treasurer Name		
Elaine Ferri			Domenic T. Ferri, Jr.		
Street Address			Street Address		
1 Deer Run			35 Betty Pond Road		
City	State	Zip	City	State	Zip
Scituate	R. I.	02831	Scituate	R. I.	02831

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

Director Name			Director Name		
Domenic T. Ferri, Jr.			Elaine Ferri		
Street Address			Street Address		
35 Betty Pond Road			1 Deer Run		
City	State	Zip	City	State	Zip
Scituate	R. I.	02831	Scituate	R. I.	02831
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

2000 NO PAR VALUE

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
2000	Common	Without

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 2 4 2009

Check No. By 21398

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.~~

Signature *Date* Feb 17 09

Domenic Ferri, Jr.
Print or Type Name

[redacted] President
Title

Form 630 Rev. 08/08