

FOR SECRETARY OF STATE USE ONLY

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.

1. Coiporate ID No. 484758	2. Name of Corporat				
3. Street Address Principal Business		, INC.	City	State	Zip
1520 Newport Av			Pawtucket	RI	02861
4. Business Phone No. 5. State of Inc.		5. State of Incorporation	Tawtdeket		1 02001
		RHODE ISLAND	SLAND		
S. Brief Description of the Character	of Business Conducted	in Rhode Island	7.5. 1	**	···
Liquor store					
7. NAMES AND ADDRESSE	S OF THE OFFICE	RS: ("X" BOX FOR ATTA		PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
SANGITA PATEL			RAJESH PATEL		
Street Address			Street Address		
14 Jenna Drive	State	Zip	: 14 Jenna Dri	.ve State	7.0
Attleboro	ŀ	^	: `		Zip
Secretary Name	MA	02703	Attleboro Treasurer Name	MA	I02703
SANGITA PATEL			SANGITA PATEL		
Street Address			Street Address		
14 Jenna Drive			14 Jenna Drive		
City	State	Zip	City	State	Zip
Attleboro	MA	02703	Attleboro	MA	02703
8. NAMES AND ADDRESSE	S OF THE DIRECT	ORS: ("X" BOX FOR ATT	ACHMENT) 🗌 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
Director Name			Director Name		
SANGITA PATEL					
Street Address			Street Address		
<u> </u>	State	Zip	. can	Ct -t -	
		· ·	City	State	Zip
Attleboro Director Name	. JMA	02703	Director Name		
Street Address			Street Address		
City	State	Ζip	Gity	State	Zip
9. SHARES AUTHORIZED				("X" BOX FOR ATTACE	_
				TION 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 DAD WATER
			100	COPPION	NO PAR VALU
This report must be executed	d on babalf of the a	ornaration by an authoriza	d nomes out of its If the re		
his report must be executed	on behalf of the co	orporation by all authorize progration by the receiver of	o tepresentative. It the co or frustee	orporation is in the hand	s of a receiver or trustee,
	2 24 (1. 1 4	reportation by the receiver	n dustee.		
					that I have examined this rep
THE PART OF THE PA		\neg	contained herein ar	inpanying senedures and sta e true and correct.	atements, and that all statements
File Date			i	~ 1	02/17/09
Check No FEB 2 6 2009		-	Signature	ser rela	Date
Check No. EB 2 6 2003			SANGITA P.	Δ ሞፑ፤.	Dave
1310				CALLELL	
By: By 310	-		Print or Type Name		

President