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			
94251	COSTA LIQUORS, LTD.			
3. Street Address Principal Business Office		City	State	Zip
265 BEVERAGE HILL ROAD		PAWTUCKET	RI	02860
4. Business Phone No.	5. State of Incorporation			
4017246763	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN AND OPERATE A RETAIL LIQUOR STORE

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

President Name	Street Address	City	State	Zip
JOSE M. COSTA	61 GREENWOOD AVENUE	SEEKONK	MA	02771
Vice President Name	**Street Address**	**City**	**State**	**Zip**
ANTONIO J. CARREIRA	36 REYNOLDS AVENUE	REHOBOTH	MA	02769
Secretary Name	Street Address	City	State	Zip
CARMINDA CARREIRA	36 REYNOLDS AVENUE	REHOBOTH	MA	02769
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
ANA P. COSTA	61 GREENWOOD AVENUE	SEEKONK	MA	02771

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

Director Name	Street Address	City	State	Zip
JOSE M. COSTA	61 GREENWOOD AVENUE	SEEKONK	MA	02771
Director Name	**Street Address**	**City**	**State**	**Zip**
ANTONIO J. CARREIRA	36 REYNOLDS AVENUE	REHOBOTH	MA	02769
Director Name	Street Address	City	State	Zip
ANA P. COSTA	61 GREENWOOD AVENUE	SEEKONK	MA	02771
Director Name	**Street Address**	**City**	**State**	**Zip**
CARMINDA CARREIRA	36 REYNOLDS AVENUE	REHOBOTH	MA	02769

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
200	COMMON	NO PAR VALUE

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] [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.

[redacted] 2-14-09
Signature *Date*

JOSE M. COSTA
Print or Type Name

[redacted] PRESIDENT
Title

File Date	3-23-09
Check No.	5849
By:	MMC

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Form 630 Rev. 08/08