

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

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(cc/d)) is subject to a penalty fee of \$25.00.

S Tuc. City State Zip
Trovidence BT 02908
Becys - Wines CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
Vice President Name
Maria O. Medeiros
34 Scott Dri
City Fast Providence Rt 028/5 Treasurer Name
Manuel A. Medeiras
Street Address Street 34 Scott Dri
East Providence Pt 028/5 CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
Director Name Maria O. Medeiros
Street Address 34 Scott Dr.
East Providence PT 220 02815 Director Name
Street Address
Ctty State Zip
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED
Number of Shares Class/Series Par Value
2000 COMMON \$1.00
representative. If the corporation is in the hands of a receiver or trustee, r trustee. Under penalty of perjury. I declare and affirm that I have examined this repo
r trustee.
Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statements and herein are true and correct.