



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. 000034948		2. Name of Corporation Thorpe's Discount Liquors Inc.		
3. Street Address Principal Business Office 609 Main St.		City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-885-4485		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island Retail				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Richard E Thorpe		Vice President Name Gill E Thorpe		
Street Address 215 Spring St		Street Address		
City East Greenwich	State RI	Zip 02818	City	State
Secretary Name Gill E Thorpe		Treasurer Name Nancy A Thorpe		
Street Address 33 Pleasant St		Street Address 33 Pleasant St		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
600		NO PAR	85	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

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.

File Date	FILED
Check No.	MAY 20 2009
By:	By 1364 34512
FOR SECRETARY OF STATE USE ONLY	

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: Richard E Thorpe Date: 5-11-09
Print or Type Name: President
Title: