



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. 12562		2. Name of Corporation SOLLITTO'S LIQUOR MART INC		
3. Street Address Principal Business Office 905 Narragansett Blvd		City Providence	State RI	Zip 02905
4. Business Phone No. 401-781-2260		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Liquor Store Operations				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name CHRISTINE SOLLITTO		Vice President Name "Corporation of one"		
Street Address 77 BAYSHORE BLVD		Street Address CHRISTINE SOLLITTO		
City Warwick	State RI	Zip 02888	City HOLD ALL POSITIONS	State RI
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name CHRISTINE SOLLITTO		Director Name		
Street Address 77 Bay Shore Blvd		Street Address		
City Warwick	State RI	Zip 02888	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 1000 NO PAR VALUE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 400	Class/Series COMMON	Par Value 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.

File Date	FILED
Check No.	JUN 18 2009
By:	Op 592333
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: Christine Sollitto Date: 6/16/09
Print or Type Name: CHRISTINE SOLLITTO
Title: President