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			
157202	Twisted Liquors, Inc.			
3. Street Address Principal Business Office		City	State	Zip
180A Hartford Pike		Foster	RI	02825
4. Business Phone No.	5. State of Incorporation			
647-2031	R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island	Retail liquor			

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

President Name	William J. Fortin	Vice President Name		
Street Address	106 Winsor Road	Street Address		
City	Foster	State RI Zip 02825	City	State Zip
Secretary Name	Julie D. Fortin	Treasurer Name		
Street Address	106 Winsor Road	Street Address		
City	Foster	State RI Zip 02825	City	State Zip

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

Director Name		Director Name		
Street Address		Street Address		
City	State Zip	City	State	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State Zip	City	State	Zip

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
None		

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.

Julie Fortin 8/21/09
Signature *Date*

Julie Fortin
Print or Type Name

Secretary
Title

[redacted]

File Date FILED
Check No.
AUG 24 2009
By: By 1667
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Form 630 Rev. 08/08