



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<br>85667  |             | 2. Name of Corporation<br>MD-ZI ENTERPRISES INC |                                       |                     |              |
| 3. Street Address Principal Business Office<br>590 CHARLES ST  |             |   | City<br>PROV                          | State<br>RI         | Zip<br>02904 |
| 4. Business Phone No.  |             | 5. State of Incorporation<br>RHODE ISLAND       |                                       |                     |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Wholesale of Alcohol & Non Alcohol  |             |   |                                       |                     |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |   |                                       |                     |              |
| President Name<br>Antoinette Rezendes  |             |   | Vice President Name<br>CARMLO CORIO   |                     |              |
| Street Address<br>60 SPOKANE ST  |             |   | Street Address<br>SAME                |                     |              |
| City<br>PROV.  | State<br>RI | Zip<br>02904                                    | City                                  | State               | Zip          |
| Secretary Name<br>CARMLO CORIO   |             |   | Treasurer Name<br>Antoinette Rezendes |                     |              |
| Street Address<br>11 Mc Miller St  |             |   | Street Address<br>SAME                |                     |              |
| City<br>PROV   | State<br>RI | Zip<br>02904                                    | City                                  | State               | Zip          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |   |                                       |                     |              |
| Director Name<br>Antoinette Rezendes   |             |   | Director Name<br>N/A                  |                     |              |
| Street Address<br>SAME   |             |   | Street Address                        |                     |              |
| City   | State       | Zip   | City                                  | State               | Zip          |
| Director Name<br>N/A   |             |   | Director Name<br>N/A                  |                     |              |
| Street Address   |             |   | Street Address                        |                     |              |
| City   | State       | Zip   | City                                  | State               | Zip          |
| 9. SHARES AUTHORIZED<br>2,000 NO PAR VALUE COMMON NO PAR   |             |   |                                       |                     |              |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |             |   |                                       |                     |              |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED   |             |   |                                       |                     |              |
| 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. |             | Number of Shares<br>1000                        | Class/Series<br>COMMON                | Par Value<br>NO PAR |              |

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. **OCT 14 2009**

By: **101260**

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: **Antoinette Rezendes** Date: **10-14-09**

Print or Type Name: **ANTOINETTE REZENDES**

Title: **PRES**