

A. Ralph Mollis, Secretary of State

Corporations Division T48 W. River Street Providence, RI 02904-2615

101.222.3010

2009 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(e) days after the time prescribed by th

subject to a penalty fee of \$25,00.				· · · · · · · · · · · · · · · · · · ·	
(* Corporate II) No. 141233	2. Name of Conferentian Centerville Liquors, Inc				
New Address Principal Business Office 600 Washington Street			Coventry	RI RI	^{Zip} 02816
# Business Phone No. 5. State of Incorporation Rhode Island					
To Operate a Sto	re sellin	ig beer, wine 4	liquor, etc te	sthe public.	ATTA CHIMPATTO
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Shawn China			Vice President Name Anthony Ray, Jr.		
Street Address 17 Flynn Terrace			Street Address 15 Congdon Street		
∈iir West Warwick	State RI	02893	εθη: Coventry	State RI	^{Zip} 02816
Secretary Name Shawn China			Treasurer Name Anthony Ray		
Sircet Address 17 Flynn Terrace			Street Address 15 Congdon Street		
West Warwick	State RI	^{Zip} 02893	City Coventry	State R1	^{Zip} 02816
8. NAMES AND ADDRESSES Overtor Name	S OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) FILL I Director Name	n spaces before usin	IG ATTACHMENTS
Street Address			Street Address		
CH_Y	State	Zip	City	State	Zφ 3
Director Name			Director Name		
Street Address			Street Address		PH
City	State	Zip	Спу	State	Zip -
9. SHARES AUTHORIZED		I	•	 D <i>("X" BOX FOR ATTAC</i> ECTION <u>MUST</u> 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	Class/Series	Par Value
			100	None	NPV
		he corporation by an authorize the corporation by the receiver		corporation is in the hand	ds of a receiver or trustee.

	Under penalty of perjury. I declare and affirm that I have examined this reporting day accompanying schedules and statements, and that all statemen
File Date	contained person are true and correct.
Check No. FILED	Poperta I. NEWEll CPA
EOR SECRETARY OF STATE USE ONLY	Frint of Type Name Suthorized Representative Title
104011	Form 630 Rev. 08/08