



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 2010

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. 16013		2. Name of Corporation Karen Haxton's Kent Liquor Company			
3. Street Address Principal Business Office 2334 West Shore Road			City Warwick	State RI	Zip 02889
4. Business Phone No. 401-739-8030		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Retail liquor					
7. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Karen Haxton			Vice President Name Kimberly E. Haxton		
Street Address Ten River Run			Street Address Ten River Run		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Alexandra E. Haxton			Treasurer Name Neil A. Haxton		
Street Address Ten River Run			Street Address Ten River Run		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Karen Haxton			Director Name		
Street Address Ten River Run			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED (SEE BOX FOR ATTACHMENT)					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 500		Class/Series Common		Par Value No par	
THIS SECTION MUST BE COMPLETED					

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
Check No.
By
FOR SECRETARY OF STATE

FILED
JAN 21 2010
By *[Signature]*
108811

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] 9 January 2010
Signature Date
Karen Haxton
Print or Type Name
President
Title