



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., 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

* 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. 82761
2. Name of Corporation One-Stop Liquors, Inc.
3. Street Address Principal Business Office
97 RAILROAD STREET City MANVILLE State RI Zip 02838
4. Business Phone No. 4017691515
5. State of Incorporation RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island
TO SELL VARIOUS FORMS OF ALCOHOLIC BEVERAGES.

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

President Name NECATI YUZBASIOGLU
Vice President Name NONE
Street Address 3 JOYCE ANN DRIVE
Street Address
City MANVILLE State RI Zip 02838 City State Zip
Secretary Name NECATI YUZBASIOGLU
Treasurer Name
Street Address 3 JOYCE ANN DRIVE
Street Address
City MANVILLE State RI Zip 02838 City State Zip

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

Director Name NONE
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 ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON 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.



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File Date

Check No.

By:

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 of Officer NECATI YUZBASIOGLU Date JAN 16 2010

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/05