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
Street Address
3 JOYCE ANN DRIVE
City MANVILLE *State* RI *Zip* 02838

Vice President Name
NONE
Street Address
City *State* *Zip*

Secretary Name
NECATI YUZBASIOGLU
Street Address
3 JOYCE ANN DRIVE
City MANVILLE *State* RI *Zip* 02838

Treasurer Name
NECATI YUZBASIOGLU
Street Address
3 JOYCE ANN DRIVE
City MANVILLE *State* RI *Zip* 02838

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

Director Name
NONE
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
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.

[redacted] 8 2 7 6 1

82761 DBC 01/23/06 04:59:05 PM

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 *Date* JAN 16 2010

NECATI YUZBASIOGLU
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/05