

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(e&d)) is subject to a penalty fee of \$25.00.

| 1. Cosporate ID No. 133387 | 2. Name of Corporation WARWICK LIQUORS, INC. | | | | |
|--|--|---|--|---|---|
| 3. Street Address Principal Business Office 445 West Shore Road | | | ^{City} Warwick | State RI | Ζφ 02889-1355 |
| 4. Business Phone No. 5. State of Incorporation Rhode Island | | | | | |
| 6. Brief Description of the Character of TO MAINTAIN AND OPERA | of Business Conducted in Ri ATE A LIQUOR STOI | bode Island RE | | | |
| 7. NAMES AND ADDRESSES President Name | OF THE OFFICERS: | ("X" BOX FOR ATTA | CHMENT) FILL IN SPA Vice President Name | CES BEFORE USING | ATTACHMENTS |
| Angela Vasiliadis | | | Angela Vasiliadis | | |
| Street Address 53 Bicentennial Way | | | Street Address 53 Bicentennial Way | | |
| City North Providence | State RI | スψ 02911 | City: North Providence | State RI | <i>Хір</i> 02911 |
| Secretary Name Angela Vasiliadis | | | Treasurer Name Angela Vasiliadis | | |
| Street Address 53 Bicentennial Way | | | Street Address 53 Bicentennial Way | | |
| North Providence | State RI | _{Ивр} 02911 | North Providence | State RI | ^{Zip} 02911 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name Angela Vasiliadis | | | ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name | | |
| Street Address 53 Bicentennial Way | | | Street Address | | |
| City North Providence Director Name | State RI | Ζίρ 02911 | City Director Name | State | Zip |
| Street Address | | | Street Address | | |
| Спу | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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 | Class/Series | Par Value |
| | | | 200 | Common | No Par |
| This report must be executed this report must be executed of t | F By | oration by an authorize oration by the receiver of FILED EB 23 2010 7777 29-///876 | or trustee. Under penalty of perje | ury, I declare and affirm anying schedules and started and correct. | that I have examined this report, attements, and that all statements $\frac{3}{1-10}$ |
| | | | Title | | Form 630 Rev. 08/08 |