

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))

| 1. Corporate ID No. 99980  |  | 's Liquors, Inc.        |                                     |   |                                    |
|--|--|-------------------------|-------------------------------------|---|------------------------------------|
| 3. Street Address Principal Business Office 637 Putnam Pike  |  |                         | City<br>Smithfield                  | State<br>RI   | <sup>Zip</sup> <b>02828</b>        |
| 4. Business Phone No. 5. State of Incorporation (401) 949-0800 Rhode Island  |  |                         |                                     |   |                                    |
|  | il liquor, cigar and r                       |                         | CHMENT)   FILI                      | L IN SPACES BEFOR                                     | E USING ATTACHMENTS                |
| Street Address<br>637 Putnam Pike  |  |                         | 637 Putnam Pike                     |   |                                    |
| City<br>Smithfield   | State<br>RI                                  | <sup>Zip</sup><br>02828 | City<br>Smithfield                  | State<br>RI   | <sup>Zip</sup><br><b>02828</b>     |
| Secretary Name<br>Carol Laurito  |  |                         | Treasurer Name Damon Laurito        |   |                                    |
| Street Address<br>637 Putnam Pike  |  |                         | Street Address<br>637 Putnam Pike   | 9   |                                    |
| <sup>City</sup><br>Smithfield  | State<br>RI                                  | Zip<br>02828            | City<br>Smithfield                  | State<br>RI   | Zip<br>02828                       |
| 8. NAMES AND ADD  Director Name  | RESSES OF THE DIR                            | ECTORS: ("X" BOX FOR AT | <i>TACHMENT)</i>                    | LL IN SPACES BEFO                                     |                                    |
| Street Address   |  |                         | Street Address                      |   |                                    |
| City   | State  | Zip                     | City                                | State   | R Port                             |
| Director Name  |  |                         | Director Name                       |   |                                    |
| Street Address   |  |                         | Street Address                      |   |                                    |
| City   | State  | Zip                     | City                                | State   | Zip VA                             |
| 9. SHARES AUTHOR   | HZED: ("X" BOX FO                            | RATTACHMENT)            | 1                                   | UED: ("X" BOX FOR A                                   |                                    |
| 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                          |
|  |  |                         | 300 snares comme                    | on stock of no par v                                  | alue                               |
| his report must be ex-   | ecuted on behalf of t                        | FILED  MAR 01 201       | or or trustee.  Under penalty of pe | rjury, I declare and affiri<br>mpanying schedules and | m that I have examined this report |
| File Date  |  | BY 1/2497               | Ranging                             | ranis   | Date                               |
| Check No.  | AMARA A. |                         | Damon Laur<br>Print or Type Name    |   |                                    |
| Ву:  |  |                         | President                           |   |                                    |
| FOR SECRETA  | ARY OF STATE USE ONLY                        |                         | Title                               |   |                                    |