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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.	2. Name of Corporation
298499	Scituate Beverage, Inc.

3. Street Address Principal Business Office	City	State	Zip
30 Hartford Pike	Scituate	RI	02857

4. Business Phone No.	5. State of Incorporation
(401) 934-1880	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Liquor Store

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

President Name	Street Address	City	State	Zip
Kimberly Angell	30 Hartford Pike	Scituate	RI	02857

Vice President Name	Street Address	City	State	Zip
Donna Viens	30 Hartford Pike	Scituate	RI	02857

Secretary Name	Street Address	City	State	Zip
Kimberly Angell	30 Hartford Pike	Scituate	RI	02857

Treasurer Name	Street Address	City	State	Zip
Donna Viens	30 Hartford Pike	Scituate	RI	02857

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

Director Name	Street Address	City	State	Zip
Kimberly Angell	30 Hartford Pike	Scituate	RI	02857

Director Name	Street Address	City	State	Zip
Donna Viens	30 Hartford Pike	Scituate	RI	02857

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED
100

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100		no par value
THIS SECTION MUST BE CO		

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]

FILED
MAR 15 2010
By
29-113823

[redacted]

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.

Kimberly Angell 2/22/10
Signature *Date*

Kimberly Angell
Print or Type Name

President
Title

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

46267-5-495850

Form 630 Rev. 08/08