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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			
1439	ASSOCIATED BEER DISTRIBUTORS, INC.			
3. Street Address Principal Business Office		City	State	Zip
43 SHARPE DRIVE		CRANSTON	RI	02920
4. Business Phone No.	5. State of Incorporation			
401-463-7020	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
SALE AND DISTRIBUTION OF ALL TYPES OF BEVERAGES

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

President Name			Vice President Name		
WILLIAM P. CONSIDINE, JR.			KEN MANCINI		
Street Address			Street Address		
45 SHARPE DRIVE			119 HOPKINS HILL ROAD		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	WEST GREENWICH	RI	02817
Secretary Name			Treasurer Name		
WILLIAM P. CONSIDINE			KEN MANCINI		
Street Address			Street Address		
45 SHARPE DRIVE			119 HOPKINS HILL ROAD		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	WEST GREENWICH	RI	02817

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

Director Name			Director Name		
NONE					
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

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
200	COMMON	NO PAR
THIS SECTION MUST BE COMPLETED		

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]

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 *Date*

WILLIAM CONSIDINE
Print or Type Name

[redacted] PRESIDENT
Title

File Date	FILED
Check No.	JUN 30 2010
By:	By

FOR SECRETARY OF STATE USE ONLY

50846-43-530100

Form 630 Rev. 08/08