



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 82476		2. Exact name of the limited liability company VICKER'S LIQUORS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL SALE OF ALCOHOLIC BEVERAGES.			
5. Principal office address 274 BELLEVUE AVENUE		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHAEL A VICKERS		Contact Title			
Street Address 274 BELLEVUE AVE.		City NEWPORT	State RI	Zip 02840-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Michael A. Vickers		Manager Name Robert P. Vickers			
Street Address 274 Bellevue Avenue		Street Address 274 Bellevue Avenue			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ARTHUR W. MURPHY, ESQ.		Address 130 BELLEVUE AVENUE			
Address		City NEWPORT		Zip 02840	

This report must be signed in ink by an authorized person pursuant to 7-16-66.

82476

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File Date **FILED**

Check No. **NOV 23 2010**

By **6/30**

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 Authorized Person Date 11/22/10

Michael A. Vickers

Print or Type Name of Authorized Person