



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 2011

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. 9480		2. Name of Corporation FRUIT HILL LIQUORS INC	
3. Street Address Principal Business Office 342 BROAD ST PROVIDENCE RI		City RI	Zip 02907
4. Business Phone No. 401 6218095		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DONALD LABUTTI		Vice President Name DONALD LABUTTI	
Street Address 1856 MNRLSPRING AVE		Street Address 1856 MNRLSPR. AVE	
City NO TROV	State RI	City NO TROV	State RI
Zip 02904		Zip 02904	
Secretary Name SAME AS ABOVE		Treasurer Name SAME AS ABOVE	
Street Address 11		Street Address 11	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name DONALD LABUTTI		Director Name DONALD LABUTTI	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City 11	State RI	City 11	State RI
Zip 11		Zip 11	
Director Name 11		Director Name 11	
Street Address 11		Street Address 11	
City 11	State 11	City 11	State 11
Zip 11		Zip 11	
9. SHARES AUTHORIZED 11		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 100	Class/Series COMMON
		Par Value NO PAR	

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.

FILED

File Date **JAN 28 2011**

Check No. **By [Signature]**

By: **590**

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 **[Signature]** Date **1-13-2011**

Print or Type Name **DONALD LABUTTI**

- FRES

Title