

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

1. Corporate ID No. 156188	2. Name of Corporation Jimenez Liquors, Inc.				
3. Street Address Principal Business Office 575 Broad Street			City Providence	State RI	<sup>Zip</sup> 02907
4. Business Phone No. 401-274-7480  5. State of Incorporation Rhode Island			•		
6. Brief Description of the Character of RETAIL LIQUOR SALES	of Business Conducted in I	Rhode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [ FILL IN SPACE	ES BEFORE USING	ATTACHMENTS
President Name Norga Jimenez			Vice President Name NONE		
Street Address 41 Sinclair Avenue			Street Address		
City Providence	State RI	<sup>2ip</sup> 02907	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES	 OF THE DIRECTOR:	 S:	: PACHMENT) [] DIET IN CRAA	OPE BEFORE MEAN	(0.1774
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name NONE			**TACHMENT**   FILL IN SPACES BEFORE USING ATTACHMENTS    **Director Name**  **NONE**		
treet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE Street Address			Director Name NONE		
			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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
			1,000	Common	No Par
This report must be executed or this report must be executed or	on behalf of the corpo	oration by an authorize	d representative. If the corpora	tion is in the hand	s of a receiver or trustee,
Toport made be exceuted of	i benan of the corpo	ration by the receiver (	or trustee.		
	ED		Under penalty of perjury,	I declare and affirm t	hat I have examined this repo
1 ILLU			including any accompanying schedules and statements, and that all statement contained herein are true and correct.		
File Date FEB 0 1	L_2011			meney	1/30/11
Check No. By	nc_		Signature D	0	Date
By:24	29		Norga Jimenez Print or Type Name		
FOR SECRETARY OF STAT	E LISE ONLY		President		
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