

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

401.222.30

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(e&rd)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No. 118610	2. Name of Co. SWEENE	2. Nature of Corporation SWEENEY'S PACKAGE STORE, INC.				
3. Street Address Principal Business Office 133 Old Tower Hill Road, Ste. 1			City Wakefield	State RI	<sup>Zip</sup> 02879	
4. Business Phone No. 5. State of Incorporation 789-0217 Rhode Island				102019		
6. Brief Description of the Cha To buy, or otherwise in	racter of Business Condumport, export, sell,	ucted in Rhode Island distribute alcoholic beverage	s			
	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	GATTACHMENTS	
Street Address 120 River Heights Drive			Street Address			
City Wakefield	State RI	<sup>Zip</sup> 02879	City	State	Zip	
Secretary Name Michael W. Sweeney			Treasurer Name Michael W. Sweeney			
Street Address 120 River Heights Drive			Street Address 120 River Heights Drive			
Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield	State R1	Zip 02879	
8. NAMES AND ADDRE Director Name Michael W. Sweeney		ECTORS: ("X" BOX FOR AT	TACHMENT)   FILL I Director Name	N SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address 120 River Heights Drive			Street Address			
City Wakefield	State RI	<i>Σιρ</i> 02879	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUFD 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	
			100	Common	No Par	
		<del></del>				
This report must be executhis report must be executhis	uted on behalf of the	te corporation by an authorize corporation by the receiver	ed representative. If the our	corporation is in the hand	s of a receiver or trustee,	
				1		
			Under penalty 7			
			including any acc	ompanying schedules and sta	that I have examined this report tements, and that all statement	
File Date	n		convained are rein a	are true and correct.	1/21/11	
Check No.	Ü		Signature	401	Date	
FEB 0 7 2011			Michael W. Sweeney			
By:			Print or Type Name President			
FOD SECRETARY O	F STATE USE ONLY		Title			