

instruction sheet.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401.222.3040

PROFIT CORPOR TION 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 LG I 7-1 2.1501(a) each corporation failing or refucing to file its annual report within thirm (30) days after the time precedibed by large (R LG I 7-1 2.15).

1 Corporate ID No. 85202	CHAMPS	2. Name of Corporation CHAMPS DISCOUNT LIQUORS, INC				
3 Street Address Principal Business Office 16 SOUTH MAIN STREET			City: PASCOAG	State RI	7ip 02859	
4. Business Phone No. 401-568-3088 5. State of Incorporation RHODE ISLAND			<u> </u>			
	R, WINE, LIQUO	OR, CIGARETTES, ICE, SNA			,	
President Name ELIZABETH A DESCH		ICERS: ("X" BOX FOR ATT	ACHMENT) TELL IN SE Vice President Name STEVEN DESCHAM		ATTACHMENTS	
Street Address 1220 TARKLIN ROAD			Street Address 1220 TARKLIN ROAD			
City HARRISVILLE	State RI	^{Zip} 02830	City HARRISVILLE	State RI	^{Ζίρ} 02830	
Secretary Name JASON DESCHAMPS		•••••••••••••••••••••••••••••••••••••••	Treasurer Name JASON DESCHAMF	 PS		
Sircei Address 1220 TARKLIN ROAD			Street Address 1220 TARKLIN ROAD			
HARRISVILLE	State RI	^{∠ip} 02830	City HARRISVILLE	State RI	^{Zip} 02830	
B. NAMES AND ADDRESSI Director Name ELIZABETH A DESCH.		ECTORS: ("X" BOX FOR AT	TACHMENT). TELL IN Director Name DENIS DESCHAMP		G ATTACHMENTS	
ireet Address 1220 TARKLIN ROAD			Street Address 1220 TARKLIN ROA			
Oty HARRISVILLE Director Name	State RI	Ζφ 02830	City HARRISVILLE	State RI	02830	
			Director Name		***************************************	
iren Address			Street Address			
Xiv	State	Zip	Clly	State	Zip	
. 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			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of			200	COMMON	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.

	Under penalty of perjury, I declare and affirm that I have examined this report,
File Date FILED	including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No FEB 1 5 2011	Signature Date Signature Date Signature Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name I reasurer Title