

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(codd)) is white to a period of \$250.00.

subject to a penalty fee of \$25.00.						
1. Corporate ID No. <b>46759</b>	2. Name of Corporation J.A.R. Beverage	2. Name of Corporation J.A.R. Beverage, Inc.				
3. Street Address Principal Business Office 1091 Main Street			Pawtucket	State Rhode Island	<sup>Zip</sup> <b>02860</b>	
4. Business Phone No. 5. State of Incorporation Rhode Island				-		
6. Brief Description of the Chara Sales of Beverages and		Rhode Island				
7. NAMES AND ADDRESS	SES OF THE OFFICERS	: ("X" BOX FOR ATTA	· ·	SPACES BEFORE USING AT	TTACHMENTS	
President Name Ann M. Lindall			Vice President Name James Lindall			
Street Address			: Street Address			
1091 Main Street			194 Glenwood Avenue			
City Pawtucket	State Rhode Island	<sup>Zip</sup> 02860	City Pawtucket	State Rhode Island	<sup>Zip</sup> <b>02860</b>	
Secretary Name Ann M. Lindall			Treasurer Name James Lindall			
Street Address 1091 Main Street			Street Address 194 Glenwood Avenue			
City Pawtucket	State Rhode Island	<sup>Zip</sup> 02860	City Pawtucket	State Rhode Island	<sup>Zip</sup> <b>02860</b>	
8. NAMES AND ADDRESS	SES OF THE DIRECTO	RS: ("X" BOX FOR ATT	FACHMENT) 🗌 FILL I	N SPACES BEFORE USING	ATTACHMENTS	
Director Name Ann M. Lindall			Director Name  James Lindall			
Street Address 1091 Main Street			Street Address 194 Glenwood Avenue			
City Pawtucket	State Rhode Island	Zip 02860	City Pawtucket	State Rhode Island	<i>Zip</i> <b>62</b> 860 ⊴	
Director Name Ann M. Lindall			James Lindall			
Street Address 1091 Main Street			Street Address 194 Glenwood Avenue			
City Pawtucket	State  Rhode Island	2ip <b>02860</b>	City	State	Zip	
9. SHARES AUTHORIZEI	Rhode Island	02000	Pawtucket	Rhode Island	<b>02</b> 860	
7. JAARES AUTHURIZEI	,			O <i>("X" BOX FOR ATTACHI</i> ECTION <u>MUST</u> BE COMPLETED	wention = ==================================	
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	Cer Value	
			100		NO PAR	
This report must be execu	ited on behalf of the cor	poration by an authorize	ed representative. If the	corporation is in the hands of	of a receiver or trusto	
this report must be execut						
<del></del>			Under penalty of	perjury, I declare and affirm that	at I have examined this	
		¬	including any acc	companying schedules and state	ments, and that all state	

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