



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
401.222.3010

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. 740		2. Name of Corporation Christy's Liquors Inc.	
3. Street Address Principal Business Office 1184 Main Street PO Box 800		City Chepachet	State RI
4. Business Phone No. 568-1111		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business operation & management of a retail liquor store			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Kevin J. Kitson		Vice President Name Kevin J. Kitson	
Street Address 673 Putnam Pike		Street Address 673 Putnam Pike	
City Chepachet	State RI	City Chepachet	State RI
Zip 02814		Zip 02814	
Secretary Name Kevin J. Kitson		Treasurer Name Kevin J. Kitson	
Street Address 673 Putnam Pike		Street Address 673 Putnam Pike	
City Chepachet	State RI	City Chepachet	State RI
Zip 02814		Zip 02814	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		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.			
Number of Shares		Class/Series	Par Value
100-		Common	No Par Value

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 MAR 28 2011

Check No. By MNC

By: 57161

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 Kevin J. Kitson Date 3/25/11

Print or Type Name Kevin J. Kitson

Title President