



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 02901-2615
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 subject to a penalty fee of \$25.00.

1. Corporate ID No. 15405		2. Name of Corporation PATSY'S PACKAGE STORE, INC.			
3. Street Address Principal Business Office 520 HIGH STREET			City PEACE DALE	State RI	Zip 02883
4. Business Phone No. 401-783-5043		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL ALCOHOLIC BEVERAGE STORE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GARY DINONSIE			Vice President Name JANICE DINONSIE		
Street Address 524 HIGH STREET			Street Address 524 HIGH STREET		
City PEACE DALE	State RI	Zip 02883	City PEACE DALE	State RI	Zip 02883
Secretary Name GARY DINONSIE			Treasurer Name JANICE DINONSIE		
Street Address 524 HIGH STREET			Street Address 524 HIGH STREET		
City PEACE DALE	State RI	Zip 02883	City PEACE DALE	State RI	Zip 02883
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GARY DINONSIE			Director Name JANICE DINONSIE		
Street Address 524 HIGH STREET			Street Address 524 HIGH STREET		
City PEACE DALE	State RI	Zip 02883	City PEACE DALE	State RI	Zip 02883
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class-Series	Par Value	Number of Shares	Class-Series	Par Value
2,000 COMM	\$1.00 PAR VALUE		200	COMMON	\$1.00 PAR VAL

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 29 2011**
 Check No. By MNC
 By: 20725
 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.

Gary Dinonsie 3/17/11
 Signature Date
GARY DINONSIE
 Print or Type Name
PRESIDENT
 Title