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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
401.222.3040

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. 16017	*2. Name of Corporation* McGreen's Fine Wine & Spirits, Inc.
3. Street Address Principal Business Office 1086 Willett Avenue	*City* East Providence; *State* RI; *Zip* 02915
4. Business Phone No. (401) 433-0550	*5. State of Incorporation* Rhode Island
6. Brief Description of the Character of Business Conducted in Rhode Island Retail liquor store	

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Ronald E. McGreen	*Vice President Name* None
Street Address 1086 Willett Avenue	*Street Address*
City East Providence; *State* RI; *Zip* 02915	*City*; *State*; *Zip*
Secretary Name Ronald E. McGreen	*Treasurer Name* Ronald E. McGreen
Street Address 1086 Willett Avenue	*Street Address* 1086 Willett Avenue
City East Providence; *State* RI; *Zip* 02915	*City* East Providence; *State* RI; *Zip* 02915

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Ronald E. McGreen	*Director Name*
Street Address 1086 Willett Avenue	*Street Address*
City East Providence; *State* RI; *Zip* 02915	*City*; *State*; *Zip*
Director Name	*Director Name*
Street Address	*Street Address*
City; *State*; *Zip*	*City*; *State*; *Zip*

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
1000	Common	$1.00 per share

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 31 2011

Check No. 17979

By: BY

FOR SECRETARY OF STATE USE ONLY

60931-5-606233

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 *Date*

Ronald E. McGreen
Print or Type Name

President, Secretary and Treasurer
Title

Form 630 Rev. 08/08