



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

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>137518</b>		2. Name of Corporation <b>United Independent Liquor Retailers Association of Rhode Island, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate address in Rhode Island - Street Address <b>321 South Main Street, Suite 301</b>		City <b>Providence</b>	Zip <b>02903</b>
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>To promote and represent the common business interests of and improve business conditions among members of the independent retail liquor industry.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Elliott N. Fishbein</b>			Vice President Name <b>Ronald McGreen</b>		
Street Address <b>179 Newport Avenue</b>			Street Address <b>1123 Bald Hill Road</b>		
City <b>Rumford</b>	State <b>Rhode Island</b>	Zip <b>02916</b>	City <b>Warwick</b>	State <b>Rhode Island</b>	Zip <b>02886</b>
Secretary Name <b>Jane E. Costanza</b>			Treasurer Name <b>Thomas F. Saccocia</b>		
Street Address <b>667 Kingstown Road</b>			Street Address <b>2069 Smith Street</b>		
City <b>Wakefield</b>	State <b>Rhode Island</b>	Zip <b>02879</b>	City <b>North Providence</b>	State <b>Rhode Island</b>	Zip <b>02911</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>Elliott N. Fishbein</b>			Director Name <b>Ronald McGreen</b>		
Street Address <b>179 Newport Avenue</b>			Street Address <b>1123 Bald Hill Road</b>		
City <b>Rumford</b>	State <b>Rhode Island</b>	Zip <b>02916</b>	City <b>Warwick</b>	State <b>Rhode Island</b>	Zip <b>02886</b>
Director Name <b>Jane E. Costanza</b>			Director Name <b>Thomas F. Saccocia</b>		
Street Address <b>667 Kingstown Road</b>			Street Address <b>2069 Smith Street</b>		
City <b>Wakefield</b>	State <b>Rhode Island</b>	Zip <b>02879</b>	City <b>North Providence</b>	State <b>Rhode Island</b>	Zip <b>02911</b>
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

137518  
FILED

File Date	<b>JUN 02 2011</b>
Check No.	By <b>mmc</b>
By:	<b>1102</b>
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 of Officer

**Jane E. Costanza**

Print or Type Name of Officer

**Secretary**

Title of Officer

Date