



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 2012

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 40981		2. Name of Corporation Oaklawn Discount Liquors, Inc.	
3. Street Address Principal Business Office 985 Oaklawn Avenue		City Cranston	State RI
		Zip 02920	
4. Business Phone No. 401-943-6411		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island retail liquor sote			

7. NAMES AND ADDRESSES OF THE OFFICERS BOX FOR ATTACHMENT FILE IN SPACES BEFORE USING ATTACHMENTS

President Name Robert J. Gasbarro			Vice President Name Kathleen Gasbarro Champagne		
Street Address 44 Briarbrook Lane			Street Address 51 Pheasant Hill Lane		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
Secretary Name Kathleen Gasbarro Champagne			Treasurer Name Robert J. Gasbarro		
Street Address 51 Pleasant Hill Lane			Street Address 44 Briarbrook Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920

8. NAMES AND ADDRESSES OF THE DIRECTORS BOX FOR ATTACHMENT FILE IN SPACES BEFORE USING ATTACHMENTS

Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED BOX FOR ATTACHMENT FILE IN SPACES BEFORE USING ATTACHMENTS

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.	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Number of Shares	Class/Series	Par Value
	100	common	no par
THIS SECTION MUST BE COMPLETED			

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.

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 Robert J. Gasbarro Date 1-17-12
 Robert J. Gasbarro
 Print or Type Name
 President
 Title

FILED

JAN 30 2012
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