



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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 118478		2. Name of Corporation G & S LIQUORS, INC.	
3. Street Address Principal Business Office 2951 HARTFORD AVENUE			City JOHNSTON
			State RI
			Zip 02919
4. Business Phone No. 401-937-1800		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE 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 GABY J. DAIAA		Vice President Name SALIBA SALIBA	
Street Address 7 JESSICA COURT		Street Address 10 QUAKER ROAD	
City CRANSTON	State RI	City JOHNSTON	State RI
Zip 02920		Zip 02919	
Secretary Name SALIBA SALIBA		Treasurer Name GABY J. DAIAA	
Street Address 10 QUAKER ROAD		Street Address 7 JESSICA COURT	
City JOHNSTON	State RI	City CRANSTON	State RI
Zip 02919		Zip 02920	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name SALIBA SALIBA		Director Name GABY J. DAIAA	
Street Address 10 QUAKER ROAD		Street Address 7 JESSICA COURT	
City JOHNSTON	State RI	City CRANSTON	State RI
Zip 02919		Zip 02920	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares 500	Class/Series COMMON	Par Value NO PAR VALUE	
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.			

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: FEB 06 2012

Check No. 7208

By: \_\_\_\_\_

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: Date: 2-3-12

SALIBA SALIBA  
Print or Type Name  
VICE PRESIDENT  
Title