

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

[| LOGOUT |](#)**Business Corporation
Annual Report**

Filing Period: January 1 - March 1



Help with this form

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.

ANNUAL REPORT YEAR: 2012**1. Corporate ID No.** 000136340**2. Name of Corporation** American-Colombian Liquors Inc.**3. Street Address Principal Business Office:**No. and Street: 738 BROAD STREETCity or Town: CENTRAL FALLSState: RIZip: 02863Country: USA**4. Business Phone No.**401-726-2070**5. State of Incorporation**State: RI**6. Brief Description of the Character of Business Conducted in Rhode Island**RETAIL SALES OF LIQUOR, BEER AND WINES**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

FILED

FEB 10 2012

BY 2553

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	MARIA ESQUIAQUI	667 GEORGE WASHINGTON HIGHWAY LINCOLN, RI 02865- USA

Select From Below

Title: TREASURERFirst Name: ELIZABETH

Middle Name:

Last Name: ESQUIAQUI

Suffix:

Address: 667 GEO WASHCity: LINCOLNState: RIZip: 02865Country: Rov

Clear

Add

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
STK		\$0.00	1,000.00	0.00

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Norman E LecoursBusiness Name: Sanco Financial SvcsNo. and Street: 1390 Mendon Rd

- Same Address as -

City or Town: CumberlandState: RIZip: 02864

Country:

Contact Phone: 334-2776

ext:

Contact Email: nelecours@msn.com

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 14 Day of January, 2012 at 10:12:51 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By



Signature of Authorized Representative of the Corporation

TREASURER

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FEB 10 2012

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