



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 664973		2. Exact name of the Corporation CORK & BREW AND SPIRITS TOO, INC.			
3. Principal office address 2206 BROAD STREET			City CRANSTON	State RI	Zip 02905
4. Business Phone No. 401-781-1919			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island LIQUOR AND ANCILLIARY ITEMS SALES AT RETAIL.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SHELEY MAEZES			Vice-President Name JOSEPH MAEZES		
Street Address 808 PLAINFIELD PIKE			Street Address 808 PLAINFIELD PIKE		
City GREENE	State RI	Zip 02827	City GREENE	State RI	Zip 02827
Secretary Name JOSEPH MAEZES			Treasurer Name SHELLEY MAEZES		
Street Address 808 PLAINFIELD PIKE			Street Address 808 PLAINFIELD PIKE		
City GREENE	State RI	Zip 02827	City GREENE	State RI	Zip 02827
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	\$1.00

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 23 2012**

Check No **1054**

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.

X Shelley M. Maezes **02/13/2012**
 Signature of Authorized Representative Date

SHELLEY MAEZES
 Print or Type Name of Authorized Representative

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