



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. 76767		2. Exact name of the Corporation DISCOUNT LIQUOR SHOPPE OF CRANSTON, INC.		
3. Principal office address 1294 Park Avenue		City Cranston,	State R. I.	Zip 02910
4. Business Phone No.		5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name John P. Ferri		Vice-President Name Domenic T. Ferri, Sr.		
Street Address 5 Trout Brook Lane		Street Address 1 Deer Run		
City Scituate	State R. I.	Zip 02831	City Scituate	State R. I. Zip 02831
Secretary Name John P. Ferri		Treasurer Name John P. Ferri		
Street Address 5 Trout Brook Lane		Street Address 5 Trout Brook Lane		
City Scituate	State R. I.	Zip 02831	City Scituate	State R. I. Zip 02831

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John P. Ferri		Director Name Domenic T. Ferrri, Sr.			
Street Address 5 Trout Brook Lane		Street Address 1 Deer Run			
City Scituate	State R. I.	Zip 02831	City Scituate	State R. I. Zip 02831	
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED <u>1,000</u> NO PAR VALUE		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
		1,000	Common	Without Par Value

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.

File Date _____
 Check No _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

FILED
FEB 28 2012
 By AMMC
 Signature of Authorized Representative [Signature] Date Feb 28 12
John Ferri President
 Print or Type Name of Authorized Representative