



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 486286		2. Exact name of the Corporation Rhode Island Beverage Association Inc.			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address c/o Carolyn Murray One West Exchange St		City Providence	Zip 02903
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Trade Association					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steven Perrelli			Vice-President Name Thomas Cardoza		
Street Address 150 Waterford Parkway South			Street Address 24 Kenney Drive		
City Waterford	State CT	Zip 06385	City Cranston	State RI	Zip 02920
Secretary Name John Martino			Treasurer Name John Martino		
Street Address 18 Yarmouth Drive			Street Address 18 Yarmouth Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Steven Perrelli			Director Name Thomas Cardoza		
Street Address 150 Waterford Parkway South			Street Address 24 Kenney Drive		
City Waterford	State CT	Zip 06385	City Cranston	State RI	Zip 02920
Director Name John Martino			Director Name		
Street Address 18 Yarmouth Drive			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY **MAY 21 2012**

Form No. 631
 Revised: 01/2012

By *MMC*
CH # 1060

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.

John Martino *5/12/12*
 Signature of Officer Date

JOHN MARTINO
 Print or Type Name of Officer

Treasurer
 Title of Officer