



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. 95859		2. Exact name of the Corporation FOX POINT WINE & SPIRITS, INC.			
3. Principal office address 30 MARTIN SE.		City CUMBERLAND	State R.I.	Zip 02864	
4. Business Phone No. 401-333-1313		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island PURCHASE AND SELL WINE AND BEER AT WHOLESALE/DISTRIBUTION AND SPIRITS,					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANTONIO SEABRA			Vice-President Name SAME AS PRESIDENT		
Street Address 21 JORGENSEN LANE			Street Address		
City FAIRFIELD	State N.J.	Zip 07004	City	State	Zip
Secretary Name SAME AS PRESIDENT			Treasurer Name SAME AS PRESIDENT		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SAME AS PRESIDENT			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.					

SECRETARY OF STATE
 CORPORATIONS DIV
 2012 JUN -5 AM 8:53

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

JUN 05 2012

171908

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 of Authorized Representative

Date

ANTONIO SEABRA - PRESIDENT

Print or Type Name of Authorized Representative