



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. 11091		2. Exact name of the Corporation Gleeson's Package Store		
3. Principal office address 1557 West Main Road		City Portsmouth	State RI	Zip 02871
4. Business Phone No. 401-683-0108		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Liquor sales				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name George W Gleeson		Vice-President Name None		
Street Address PO Box 51 44 Barker Lane		Street Address		
City Portsmouth	State RI	Zip 02871	City	State Zip
Secretary Name B. Eileen Gleeson		Treasurer Name B. Eileen Gleeson		
Street Address PO Box 51 44 Barker Lane		Street Address PO Box 51 44 Barker Lane		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI Zip 02871
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Cheryle A Minyo		Director Name Priscilla J Lipe		
Street Address PO Box 161 48 Barker Lane		Street Address 86 Hobson Ave		
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI Zip 02878
Director Name William J Gleeson		Director Name		
Street Address 80 Robin Road		Street Address		
City Portsmouth	State RI	Zip 02871	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
		250	-----	None
		250	-----	None

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

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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.

Priscilla J. Lipe
 Signature of Authorized Representative

7/19/12
 Date

Priscilla J. Lipe
 Print or Type Name of Authorized Representative