



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. <u>542344</u>		2. Exact name of the Corporation <u>DACOSTA'S LIQUOR'S INC</u>	
3. Principal office address <u>105 Reservoir Ave</u>		City <u>Proov.</u>	State <u>RI</u>
		Zip <u>02907</u>	
4. Business Phone No. <u>(401) 432-7266</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>LIQUOR</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>LEOVIGILDO DA COSTA</u>		Vice-President Name	
Street Address <u>126 Central Ave</u>		Street Address	
City <u>E. Proov.</u>	State <u>RI</u>	Zip <u>02914</u>	
Secretary Name <u>OLIVIA DA COSTA</u>		Treasurer Name	
Street Address <u>126 Central Ave</u>		Street Address	
City <u>E. Proov.</u>	State <u>RI</u>	Zip <u>02914</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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			
<u>0</u>			
<u>0</u>			

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 DIVISION OF STATE CORPORATIONS

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.

Leovigildo da Costa 11/12/12
 Signature of Authorized Representative Date

LEOVIGILDO DA COSTA
 Print or Type Name of Authorized Representative