



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 2013

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. 10326		2. Exact name of the Corporation 1776 LIQUORS OF BARRINGTON, INC			
3. Principal office address 145 MAIN STREET		City WARREN		State RI	Zip 02885
4. Business Phone No. 401-245-1776		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUOR STORE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name AUDREY B FIELD			Vice-President Name		
Street Address 5 SHEFFIELD AVE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name AUDREY B FIELD			Treasurer Name AUDREY B FIELD		
Street Address 5 SHEFFIELD AVE			Street Address 5 SHEFFIELD AVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name AUDREY B FIELD			Director Name		
Street Address 5 SHEFFIELD AVE			Street Address		
City BRISTOL	State RI	Zip 02809	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	0

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.

FILED

File Date _____

Check No _____

By: _____

DEC 21 2012

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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.

Audrey B Field
Signature of Authorized Representative

12/20/2012

Date

AUDREY B FIELD

Print or Type Name of Authorized Representative