



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. 1697		2. Exact name of the Corporation COLLEGE HOUSE, INC.			
3. Principal office address 220 MEETING STREET		City PROVIDENCE	State RI	Zip 02906	
4. Business Phone No. 401-273-1999		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUOR.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JAMES J. MCCARTHY			Vice-President Name JAMES J. MCCARTHY		
Street Address 50 SLOCUM ROAD			Street Address 50 SLOCUM ROAD		
City JAMAICA PLAIN	State MA	Zip 02130	City JAMAICA PLAIN	State MA	Zip 02130
Secretary Name JOHN P. BARYLICK			Treasurer Name		
Street Address 61 WEYBOSSET STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
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	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
			500	COMMON	\$1.00

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 _____

FILED

Check No _____

By: _____

JAN 09 2013

FOR SECRETARY OF STATE USE ONLY BY 17901

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

JAMES J. MCCARTHY

Print or Type Name of Authorized Representative