



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. 66910		2. Exact name of the Corporation House of Liquors, Inc.			
3. Principal office address 555 Quaker Lane			City W. Warwick	State RI	Zip 02893
4. Business Phone No. (401)615-7055		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Liquor Store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Namvar Moghadam			Vice-President Name Farahnaz Moghadam		
Street Address 555 Quaker Lane			Street Address 555 Quaker Lane		
City W. Warwick	State RI	Zip 02893	City W. Warwick	State RI	Zip 02893
Secretary Name Namvar Moghadam			Treasurer Name Farahnaz Moghadam		
Street Address 555 Quaker Lane			Street Address 555 Quaker Lane		
City W. Warwick	State RI	Zip 02893	City W. Warwick	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Namvar Moghadam			Director Name Farahnaz Moghadam		
Street Address 555 Quaker Lane			Street Address 555 Quaker Lane		
City W. Warwick	State RI	Zip 02893	City W. Warwick	State RI	Zip 02893
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 checked="" 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	
1000		Common			

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 SECRETARY OF STATE
 OFFICE OF BUSINESS DIV.

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

FEB 04 2013

BY *[Signature]*
 29-189223

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.

Namvar Moghadam **02/04/2013**
 Signature of Authorized Representative Date

Namvar Moghadam

Print or Type Name of Authorized Representative