



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. <u>136340</u> | | 2. Exact name of the Corporation <u>AMERICAN - COLOMBIAN LIQUORS INC.</u> | | |
| 3. Principal office address <u>738 BROAD ST.</u> | | City <u>CENTRAL FALLS</u> | State <u>RI</u> | Zip <u>02863</u> |
| 4. Business Phone No. <u>726-2070</u> | | 5. State of Incorporation <u>R.I.</u> | | |
| 6. Brief description of the character of business conducted in Rhode Island <u>LIQUOR STORE</u> | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name <u>MARIA ESQUIAGUI</u> | | Vice-President Name | | |
| Street Address <u>667 WASHINGTON HWY</u> | | Street Address | | |
| City <u>LINCOLN</u> | State <u>RI</u> | Zip <u>02865</u> | City | State Zip |
| Secretary Name | | Treasurer Name <u>ELIZABETH ESQUIAGUI</u> | | |
| Street Address | | Street Address <u>667 WASHINGTON HWY</u> | | |
| City | State | Zip | City <u>LINCOLN</u> | State <u>RI</u> Zip <u>02865</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 | City | State Zip |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State Zip |
| 9. SHARES AUTHORIZED <u>1000</u> | | 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>NONE</u> | <u>COMMON</u> | <u>0</u> |
| | | | | |

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.

Elizabeth Esquiagu 1/31/13
 Signature of Authorized Representative Date

Print or Type Name of Authorized Representative