



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 115250		2. Name of Corporation Quaker Lane Liquor Store, Inc.			
3. Street Address Principal Business Office 4020 Quaker Lane		City North Kingstown	State RI	Zip 02852	
4. Business Phone No. 401-667-0658		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To conduct and carry on the business of a retail liquor establishment					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven R. Lombardi		Vice President Name Arthur J. Cardente			
Street Address 18A Pond Court		Street Address P.O. Box 1015			
City North Providence	State RI	Zip 02904	City North Kingstown	State RI	Zip 02852
Secretary Name David F. Lombardi		Treasurer Name David F. Lombardi			
Street Address 4020 Quaker lane		Street Address 4020 Quaker Lane			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Steven R. Lombardi		Director Name Arthur J. Cardente			
Street Address 19A Pond Court		Street Address PO Box 1015			
City North Providence	State RI	Zip 02904	City North Kingstown	State RI	Zip 02852
Director Name David F. Lombardi		Director Name			
Street Address 4020 Quaker lane		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	no par value		300	common	none

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

FEB 14 2013

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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.

Signature

Date

Steven R. Lombardi

Print or Type Name

President

Title

File Date

Check No.

By:

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