



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. 6298		2. Exact name of the Corporation Perry's Liquors, Inc.			
3. Principal office address 240 Columbus Avenue			City Pawtucket	State RI	Zip 02861
4. Business Phone No. 728-5430			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUORS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John Perry			Vice-President Name John D. Perry		
Street Address 65 Hunts Avenue			Street Address 30 Homestead Avenue		
City Pawtucket	State RI	Zip 02861	City Rehoboth	State MA	Zip 02769
Secretary Name Rosella Perry			Treasurer Name John Perry		
Street Address 65 Hunts Avenue			Street Address 65 Hunts Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Perry			Director Name Rosella Perry		
Street Address 65 Hunts Avenue			Street Address 65 Hunts Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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
			25	COMMON	NO PAR

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

MAR 12 2013

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.

John Perry
 Signature of Authorized Representative
JOHN PERRY

01/31/2013

Date

Print or Type Name of Authorized Representative

By *mne*
CA # 2657