



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
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\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* 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. 103517		2. Name of Corporation L & B BEVERAGE, INC.			
3. Street Address Principal Business Office 227 A NORTH BROW ST.			City E. PROVIDENCE	State RI	Zip 02903
4. Business Phone No. (401) 434-9991		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE LIQUOR BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LUIS F. OLIVEIRA			Vice President Name MARY B. OLIVEIRA		
Street Address 100 HOWARD ST.			Street Address 100 HOWARD ST.		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
Secretary Name LUIS F. OLIVEIRA			Treasurer Name LUIS F. OLIVEIRA		
Street Address 100 HOWARD ST.			Street Address 100 HOWARD ST.		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LUIS F. OLIVEIRA			Director Name MARY B. OLIVEIRA		
Street Address 100 HOWARD ST.			Street Address 100 HOWARD ST.		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
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"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
100		COMMON		NO PAR	
THIS SECTION MUST BE COMPLETED					
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.					

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

MAR 18 2013

File Date **BY** 1025

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

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 **3/12/13**  
Date  
LUIS F. OLIVEIRA  
Print or Type Name  
PRESIDENT  
Title