



**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. 84142		2. Exact name of the Corporation M.S. Walker of Rhode Island, Inc.			
3. Principal office address 16 Commercial Way			City Warren	State RI	Zip 02885
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Liquor Wholesale					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Harvey Allen			Vice-President Name VACANT		
Street Address 3 Battery Wharf #3305			Street Address		
City Boston	State MA	Zip 02109	City	State	Zip
Secretary Name Brett Allen			Treasurer Name Douglas Shaw		
Street Address 84 Bavoy Street			Street Address 19 Whispering Land		
City Providence	State RI	Zip 02908	City Weston	State MA	Zip 02493
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Harvey Allen			Director Name Douglas Shaw		
Street Address See above			Street Address See above		
City	State	Zip	City	State	Zip
Director Name Nancy Shaw			Director Name Scott Allen		
Street Address 5808 Waterford			Street Address 55 Garrison Road		
City Boca Raton	State FL	Zip 33946	City Brookline	State MA	Zip 02448
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
			1000	Common	NPV

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: \_\_\_\_\_

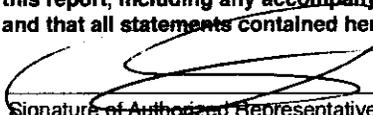
FOR SECRETARY OF STATE USE ONLY

**FILED**

MAR 21 2013

By: ME 193214

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 of Authorized Representative

1/9/13  
 Date

Brett Allen  
 Print or Type Name of Authorized Representative