



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. 142355		2. Exact name of the Corporation Magna Spirits, Inc.		
3. Principal office address 122 Washington Street		City Providence	State RI	Zip 02903
4. Business Phone No. 401-274-1230		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Tavern / Restaurant / Alcoholic Beverages				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Milia Daoud		Vice-President Name Milia Daoud		
Street Address 11 Fleming Street		Street Address 11 Fleming Street		
City East Prov	State RI	Zip 02914	City East Prov	State RI
Secretary Name Sana Asstafan		Treasurer Name Sana Asstafan		
Street Address 11 Fleming Street		Street Address 11 Fleming St.		
City East Prov	State RI	Zip 02914	City East Prov	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 100	CLASS/SERIES	PAR VALUE 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.

File Date
 Check No.
 By:
 FOR SECRETARY OF STATE USE ONLY

FILED

APR 01 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.

Sana Asstafan 4/1/13
 Signature of Authorized Representative Date

SANA ASSTAFAN
 Print or Type Name of Authorized Representative

2013 APR - PM 2:18
 SECRETARY OF STATE
 CORPORATIONS DIV.