



**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** 2014

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. <b>17328</b>		2. Exact name of the Corporation <b>RAINONE'S LIQUOR</b>			
3. Principal office address <b>1216 SMITH STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	
4. Business Phone No. <b>401-353-9577</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>SALES / PACKAGE STORE</b>				RECEIVED SECRETARY OF STATE CORPORATIONS DIV JAN 16 PM 1:36	
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>MICHAEL RAINONE</b>		Vice-President Name <b>MARGARET RAINONE</b>			
Street Address <b>36 RED CEDAR LANE</b>		Street Address <b>69 LYNDE STREET</b>			
City <b>NO. PROU.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PROU.</b>		State <b>RI</b>
Secretary Name <b>MARGARET RAINONE</b>		Treasurer Name <b>MARGARET RAINONE</b>			
Street Address <b>69 LYNDE ST.</b>		Street Address <b>69 LYNDE ST.</b>			
City <b>PROU.</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>PROU</b>	State <b>RI</b>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>MICHELANGELO RAINONE</b>		Director Name <b>MARY A. RAINONE</b>			
Street Address <b>14 OAK KNOLL COURT</b>		Street Address <b>14 OAK KNOLL COURT.</b>			
City <b>NO. PROU.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NO. PROU</b>	State <b>RI</b>	
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	CLASS/SERIES	PAR VALUE	
		<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>	

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**

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.

JAN 16 2014

Signature of Authorized Representative

Date

**MICHAEL RAINONE**  
 Print or Type Name of Authorized Representative