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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.	2. Exact name of the Corporation
132987	SHELALARA VINEYARDS AND WINERY, INC

3. Principal office address	City	State	Zip
377 NARRAGANSETT PARKWAY	WARWICK	RI	02888

4. Business Phone No.	5. State of Incorporation
401-359-5000	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
WINERY

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
SHEILA D. GOLD	SHEILA D. GOLD
Street Address: 377 NARRAGANSETT PARKWAY	Street Address: 377 NARRAGANSETT PARKWAY
City: WARWICK State: RI Zip: 02888	City: WARWICK State: RI Zip: 02888
Secretary Name	**Treasurer Name**
SHEILA D. GOLD	SHEILA D. GOLD
Street Address: 377 NARRAGANSETT PARKWAY	Street Address: 377 NARRAGANSETT PARKWAY
City: WARWICK State: RI Zip: 02888	City: WARWICK State: RI Zip: 02888

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
SHEILA D. GOLD	
Street Address: 377 NARRAGANSETT PARKWAY	Street Address
City: WARWICK State: RI Zip: 02888	City State Zip
Director Name	Director Name
Street Address	*Street Address*
City State Zip	City State Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.**	50	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
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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.

Sheila D. Gold 2-22-2014
Signature of Authorized Representative Date

SHEILA D. GOLD
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
103518-44-950382