

## 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

## 2014 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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					
16017	McGreen's Fine Wine & Spirits, Inc.					
3. Principal office address 1086 Willett Avenue			City East Providence	•	State RI	Zip <b>02915</b>
4. Business Phone No. <b>(401) 433-0550</b>			5. State of Incorporation Rhode Island			
Brief description of the charac Retail liquor store	ter of business cond	lucted in Rhode Island				
MASTAN CONTRACTOR	e in proportes	S X EOX FOR AT	ACHIEN SEE		· 建二苯基	
President Name Ronald E. McGreen			Vice-President Name None			
Street Address 1086 Willett Avenue			Street Address			
City East Providence	State RI	Zip <b>02915</b>	City State			Zip
Secretary Name Ronald E. McGreen			Treasurer Name Ronald E. McGreen			
Street Address 1086 Willett Avenue			Street Address 1086 Willett Avenue			
City East Providence	State RI	Zip 02915	City East Providence		State <b>RI</b>	Zip <b>02915</b>
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Director Name Ronald E. McGreen			Director Name			
Street Address 1086 Willett Avenue			Street Address			
City East Providence	State RI	Zip 02915	City State		Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
SHARES AUTHORIZED			TO SHARES ISSUED	(i) (i) (i)		MENT SAME
			NUMBER OF SHARES	ALLEGA TOTAL	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.		1000	С	ommon	\$1.00	
This report must be executed or			the corporation by the re	ceiver or tr	ustee.	of a receiver or trustee,

MAR 0 4 2014

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

Date

Ronald E. McGreen

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative