



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. 140544		2. Exact name of the Corporation Brewers Supply Group, Inc.							
3. Principal office address 800 W 1st Avenue		City Shakopee	State MN	Zip 55379					
4. Business Phone No. 952-224-1395		5. State of Incorporation Deleware							
6. Brief description of the character of business conducted in Rhode Island Wholesale - Malt Brewers Supply									
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
President Name Gary V Lee			Vice-President Name						
Street Address 800 W 1st Avenue			Street Address						
City Shakopee	State MN	Zip 55379	City	State	Zip				
Secretary Name			Treasurer Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>									
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	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) <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	
						100	Common	.001	

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 07 2014

BY

[Signature]

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

02/20/2014

Date

Gene Louie

Print or Type Name of Authorized Representative

John D Haffenreffer
Stifel Bank & Trust
955 Executive Pkwy, Suite 216
St. Louis, MO 63141

Roger Headrick
585 Locust Hills Drive
Wayzata, MN 55391

Robert Micheletti
800 First Avenue W
Shakopee, MN 55379

David W Wyckoff
Wyckoff Farms, Inc
PO Box 249
160602 W Evans Road
Grandview, WA 98930

Frank Karsbergen
Baillet Latour Lei #148
2930 Brasschaat
Belgium

Gary V Lee
800 First Ave W
Shakopee, MN 55379

William T Rahr
800 First Ave W
Shakopee, MN 55379

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MAR 07 2014

BY 140544