



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. 103517		2. Exact name of the Corporation L & B BEVERAGE, INC.		
3. Principal office address 227A NORTH BROW ST.		City E. PROVIDENCE	State RI	Zip 02903
4. Business Phone No. (401) 434-9991		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island WHOLESALE LIQUOR BUSINESS				

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

President Name LUIS F. OLIVEIRA			Vice-President Name MARY B. OLIVEIRA		
Street Address 100 HOWARD STREET			Street Address 100 HOWARD STREET		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
Secretary Name LUIS F. OLIVEIRA			Treasurer Name LUIS F. OLIVEIRA		
Street Address 100 HOWARD STREET			Street Address 100 HOWARD STREET		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721

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

Director Name LUIS F. OLIVEIRA			Director Name MARY B. OLIVEIRA		
Street Address 100 HOWARD STREET			Street Address 100 HOWARD STREET		
City FALL RIVER	State MA	Zip 02721	City FALL RIVER	State MA	Zip 02721
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

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	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
 MAR 19 2014
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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.

[Signature] 3/14/14
 Signature of Authorized Representative Date

LUIS F. OLIVEIRA
 Print or Type Name of Authorized Representative